

P04000 15 19 53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

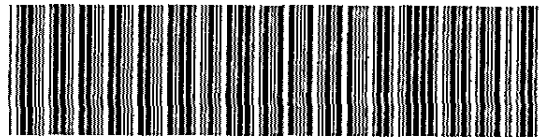
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

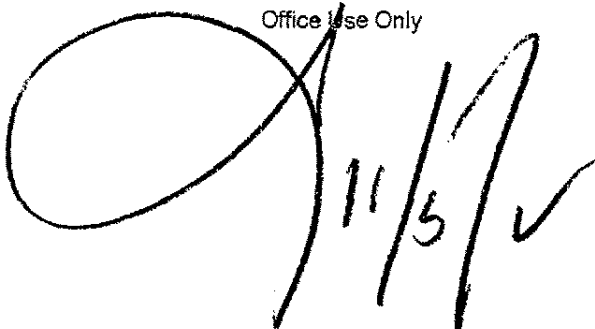


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED


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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: BAY AREA PEST AND TERMITE CONTROL INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Constantin Cora
Name (Printed or typed)

16350 S.E. 97th Avenue Road
Address

Summerfield, Florida 34491
City, State & Zip

352-245-4522
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: BAY AREA PEST AND TERMITE CONTROL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 16350 S.E. 97th Avenue Road
Summerfield, Florida 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a pest and termite control and
and removal service in Central Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares are authorized.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Constantin Cora, President and Director
16350 S. E. 97th Avenue Road
Summerfield, Florida 34491

ARTICLE VI REGISTERED AGENT

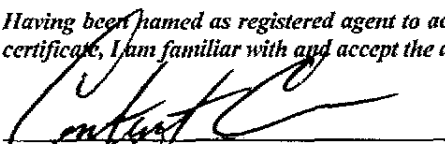
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Constantin Cora
16350 S.E. 97th Avenue Road
Summerfield, Florida 34491

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Constantin Cora
16350 S.E. 97th Avenue Road
Summerfield, Florida 34491

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/27/07

Date



Signature/Incorporator

10/27/07

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA