

P05000015500

John E. Swiston, Sr., President

Name (Printed or typed)

255 NE 516th Avenue Box 817

Address

Old Town, FL 32680

City, State & Zip  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

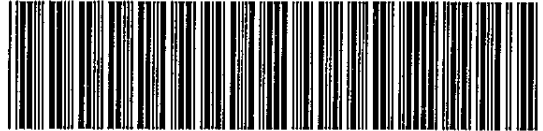
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000028523580

FILED

05 JAN 27 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/26/05--01048--008 \*\*87.50

✓

1/31/05  
SA

## TRANSMITTAL LETTER

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

**SUBJECT:** DIXIE PEST 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** John E. Swiston, Sr., President  
Name (Printed or typed)

255 NE 516th Avenue Box 817  
Address

Old Town, FL 32680  
City, State & Zip

352-498-7332  
Daytime Telephone number

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

FILED

05 JAN 27 PM 3:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

DIXIE PEST CONTROL, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

255 NE 516th Avenue Old Town, FL 32680  
Box 817

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

May transact any and all lawful business for which Corporations may be incorporated under the Florida General Corporations Act.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

John E. Swiston, President/Sec-Treas  
Judy J. Swiston, VP

### ARTICLE VI REGISTERED AGENT

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

John E. Swiston, Sr.  
255 NE 516th Avenue Box 817  
Old Town, FL 32680

### ARTICLE VII INCORPORATOR

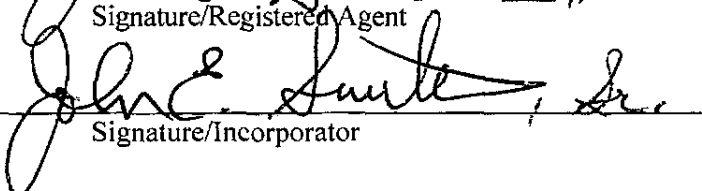
The name and address of the Incorporator is:

John E. Swiston, Sr.  
255 NE 516th Avenue Box 817  
Old Town, FL 32680

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Incorporator

1/15/05

Date

1/15/05

Date