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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

FILED  
05 APR 19 AM 10:05  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT CORPORATION OR P.A.**

**LOU MONTALVO PEST MANAGEMENT COMPANY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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V. Fernandez

H05000096297 3

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)ARTICLE I NAME

The name of the corporation shall be

LOU MONTALVO PEST MANAGEMENT COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is

7750 NW 40TH ST.

DAVIE, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized :

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR &amp; PRESIDENT:

JOSE L MONTALVO

7750 NW 40TH ST.

DAVIE, FL 33024

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DAVIE, FL 33024

H05000096297 3

H05000096297 3

PAGE 2

LOU MONTALVO PEST MANAGEMENT COMPANY, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOSE L MONTALVO

7750 NW 40TH ST.

DAVIE, FL 33024

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

JOSE L MONTALVO

7750 NW 40TH ST.

DAVIE, FL 33024

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DAVIE, FLORIDA

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*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.*

  
JOSE L MONTALVO/ Registered Agent

4/12/05  
Date

  
JOSE L MONTALVO/Incorporator

4/12/05  
Date

H05000096297 3