

PO6000119829

(Requestor's Name)

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(City/State/Zip/Phone #)

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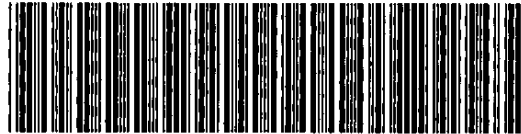
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: KESTEN & SON 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ALAN KESTEN  
Name (Printed or typed)

21073 Powerline Rd  
Address

BOLTA RATON, FL 33433  
City, State & Zip

561-750-1193  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2006

ALAN KESTEN  
21073 POWERLINE RD  
BOCA RATON, FL 33433

SUBJECT: KESTEN & SON PEST CONTROL, INC.  
Ref. Number: W06000036883

We have received your document for KESTEN & SON PEST CONTROL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 706A00051392

# ARTICLES OF INCORPORATION

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

"S" Corporation

## ARTICLE I NAME

The name of the corporation shall be:

KESTEN & SON PEST CONTROL, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

BUSINESS 21073 Powerline Rd  
BOCA RATON, FL 33433

mailling Address:  
ALAN KESTEN  
21895 LAKE FOREST Circle  
APT. 202  
BOCA RATON, FL  
33433

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PEST CONTROL

## 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):

ALAN KESTEN  
21895 LAKE FOREST Circle  
APT 202  
BOCA RATON, FL 33433

President  
V.P.  
SECRETARY  
TREASURER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI REGISTERED AGENT

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

ALAN KESTEN  
21895 LAKE FOREST Circle  
APT 202  
BOCA RATON, FL 33433

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALAN KESTEN  
21895 LAKE FOREST Circle APT 202  
BOCA RATON, FL 33433

\*\*\*\*\*

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

Alan K  
Signature/Registered Agent

9/11/06  
Date

Alan K  
Signature/Incorporator

9/11/06  
Date