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SECRETARY OF STATE

10,06

## **COVER LETTER**

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

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

\$70.00 \$\sigma\$\$ \$78.75 \$\sigma\$\$ \$87.50 \$\sigma\$\$ Filing Fee Filing Fee & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM:

\$79 \$\sigma\$ Arrington \$\sigma\$\$ \$\sigma\$\$

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)
	/	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:  ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  5055-1 St. Augustine Rd
İ		ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  5055-1 3t Augustine Rd  Tracksonville, FL 32207  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  PEST Control Selvices
		ARTICLE IV SHARES The number of shares of stock is:  100 Shares
İ	PRES U.POES SECTY.	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  WAYNE Holliday - 879 Sw Arlington Blud Suite 100-LAKE City, F-L32025  Tommy Howk JR -879 Sw Arlington Blud Suite 100-LAKE City, FL 32025  WAYNE Holliday - 879 Sw Arlington Blud Suite 100-LAKE City, FL 32025  Tommy Howk JR - 879 Sw Arlington Blud Suite 106-LAKE City, FL 32025
1		ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  VIRGINIA TIMER  2812 5 MARION ACE  LAVE CIVE, FL 32025
		ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  WAYNE NOLLIDAY 879 SW ARLINGTON BLUD Swite 106  LAVE City, FL 32025
1		**************************************
		Signature/Registered Agent  Date  9-28-06  9-28-06
		Signature/Incorporator Date