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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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C.S. 3-1

## COVER LETTER -

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

SUBJECT: K.G. Rollins Corp.

(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: Name (Printed or typed)

2.833 S. Achams Sty. Apt 508 A

Address

Tallahassee, FL 3230 |
City, State & Zip

305.877.1308 or 305.924.727 |

Partime Telephone number

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

ARŢICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  ARTICLE I NAME  07 Map	
ARTICLE I NAME  The name of the corporation shall be:  L.g. Rollins Corp.  ARTICLE II PRINCIPAL OFFICE  O7MAR - 7 PM 4:51  IALLAHASSEE, FLORIDA	
L.g. Rollins Corp.	
Fig. Follows Corp.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
2833 South Adams St. Unit 508A Tallahassee, FL 32301	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Lawn Maintenance Service: The business of Cutting grass, raking leaves, debris removel, and other activities ARTICLE IV SHARES ASSOCIATED With Maintaining a yard.	
raking leaves debris removal, and other activities	
ARTICLE IV SHARES GSSOCIATED WITH MOINTAINING A YAVO.	
The number of shares of stock is: 1 share	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Chavis Pollins: 1503 West Thorpe Str. Unit 334 Tallahausec, FL. Owner	ઝ
Keith Garvin: 2833 S. Adams Str. Unit 508H Tallahausce, FL	
(Owner) 32301	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (B.O. Day NOT accentable) of the registered agent is:	
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the registered agent is:	
Keith Garvin 2833 S. Adams Str. Unit 5084 Tallanassee, FL 32301	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	_
Keith Barvin: 2833 S. Adams Stv. Unit 508# Tallahassee, FL 3230	7
Charis Pollins: 1505 West Manpe Str. Unit 334 Tallahasses, FL 32303	3
***********************	
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	
3.4.07	
Signature/Registered Agent Date	
hour Lauro 86 3.4.07	
Signature/Incorporator  3.4.07 Date	
5.7.01	