

PO70000 33779

(Requestor's Name)

(Address)

(Address)

(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



100092605961

03/15/07--01031--018 **87.50

FILED
2007 MAR 15 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAR 16 2007

COVER LETTER

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

SUBJECT: ENVERO-SAFE MOSQUITO MANAGEMENT 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: WILLIAM NEAL OWENS
Name (Printed or typed)

2645 COBBLESTONE FOREST DR.
Address

JACKSONVILLE, FLORIDA 32225
City, State & Zip

904-738-3191
Daytime Telephone number

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)

FILED

2007 MAR 15 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ENVIRO-SAFE MOSQUITO MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2645 COBBLESTONE FOREST DR.
JACKSONVILLE, FLORIDA 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWFUL BUSINESS

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): EVEL E. OWENS 2645 COBBLESTONE FOREST DR. JAX, FL. 32225 P, D

WILLIAM NEAL OWENS 2645 COBBLESTONE FOREST DR. JAX, FL. 32225 VP, D, SEC
FRANK CHENOWETH 1148 WINTER HAWK DR. ST. AUG, FL. 32086 D.

ARTICLE VI REGISTERED AGENT

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

WILLIAM NEAL OWENS
2645 COBBLESTONE FOREST DR.
JACKSONVILLE, FLORIDA 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM NEAL OWENS
2645 COBBLESTONE FOREST DR.
JACKSONVILLE, FLORIDA 32225

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

William Neal Owens
Signature/Registered Agent WILLIAM NEAL OWENS

3/12/07

Date

William Neal Owens
Signature/Incorporator
WILLIAM NEAL OWENS

3/12/07

Date