POqoa	1068231
(Requestor's Name) (Address) (Address)	000159046670
(City/State/Zip/Phone #)	08/10/0901031009 **78.75
Certified Copies Certificates of Status	FILED 2009 AUG 10 P 1: 52 SECRETARY OF SINTE TALLAHASSEE, FLORIDA
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COVER LETTER

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

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- L.a

SUBJECT: TERESITE POST CONTROL FUC. (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 ADDITIONAL CO 	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Teresa CCifu	2742S (Printed or typed)		
403 NW 72 Avenue Address				
Miami FL 33126 # 420 City, State & Zip				
(305) 331-6627 Daytime Telephone number				
+VISQ3 DAOI.Com N E-mail address: (to be used for future annual report notification)				

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)

ARTICLE I NAME

1.

The name of the corporation shall be:

Teresita Pest Control, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 403 NW 72 AVENUE

Migmi, FL 33120 + 420

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pest Control

SHARES ARTICLE IV

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Teresa C Cifventes 403 NW 72 Avenue President Miami, FL 33126 # 420

ARTICLE VI REGISTERED AGENT

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

Teresa C Cifrentes 403 NW 72 Avenue migni FL 33126 #420

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Teresa C Cifuentes 403 NW 72 Arenve migmi, FL 33126 # 420

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

Signature/Registered Agent Ceresc C G (-6-) Signature/Incorporator

eresa C C: frente

<u>08-06-09</u> Date 08-06-09 Date

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SECRETARY OF STATE TALLAHASSEE, FLORIDA