# P09000082482

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Decument Number)				
(Document Number)				
Certified Copies <u>Graph</u> Certificates of Status <u>Graph</u>				
Special Instructions to Filing Officer:				





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# **COVER LETTER**

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

SUBJECT:	Pro Quest Pest Control And Termite, Inc.		
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:		a L. Conway (Printed or typed)	
	9243 Castlebar Drive Address		
_	Jacksonville, Florida 32256 City, State & Zip		
	904-288-8820  Daytime Telephone number		
	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

The name of the corporation shall be:

Pro Quest Pest Control And Termite, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6254 Powers Avenue Jacksonville, Florida 32217

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pest Control, Termile and Wild Life

#### 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):

Sandra L. Conway, President Frederick Hamilton, Vice President Glen J, Sweikata, Tres.

# REGISTERED AGENT

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

Glen J. Sweikata 6254 Powers Avenue Jacksonville, Florida 32217

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Sandra L. Conway

9243 Castlebar Glen Drive Jacksonville, Florida 32256

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

Srporator