Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: CSH SERVICES, LLC Account Name

Account Number : I20070000160 Phone : (600)494-3124 Fax Number : (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION

Xterminator Pest Control Services, Inc.

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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A1a Incorporation

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

XTERMINATOR PEST CONTROL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

21 RAINTREE DR PORT ORANGE, FLORIDA 32127

The principal malling address is:

P.O. BOX 1024 FLAGLER BEACH, FLORIDA 32136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT **CURT MANN** P.O. BOX 1024 FLAGLER BEACH, FLORIDA 32136



A1a Incorporation

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CURT MANN 21 RAINTREE DR PORT ORANGE, FLORIDA 32127



ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

CURT MANN P.O. BOX 1024

FLAGLER BEACH, FLORIDA 32136

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.

CURT MANN / Incorporator