

P10000086607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

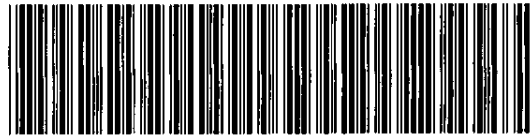
(Document Number)

Certified Copies ☒

Certificates of Status ☐

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 OCT 22 AM 11:55
NOT FILED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
10 OCT 22 PM 12:02
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

10/22/10

COVER LETTER

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

SUBJECT: Honest Pro Pest Control 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 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: Jarrad Williams
Name (Printed or typed)
7990 NW 96 TERR APT. 108
Address
TAMARAC, FL 33321
City, State & Zip
305-910-3424
Daytime Telephone number
JarradW79@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
10 OCT 22 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Honest Pro Pest Control Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7990 NW 96TH AVE
APT. 103
TAMARAC, FL 33321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JARRAD WILLIAMS PRESIDENT

Address: 7990 NW 96TH AVE APT. 103
TAMARAC, FL 33321

Name and Title:

Address:

Name and Title: JARRAD WILLIAMS TRES.

Address: 7990 NW 96TH AVE APT. 103
TAMARAC, FL 33321

Name and Title:

Address:

Name and Title: JARRAD WILLIAMS SEC

Address: 7990 NW 96TH AVE APT. 103
TAMARAC, FL 33321

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

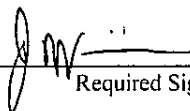
Name: JARRAD WILLIAMS
Address: 7990 NW 96TH AVE APT. 103
TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JARRAD WILLIAMS
Address: 7990 NW 96TH AVE APT. 103
TAMARAC, FL 33321

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

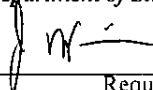


Required Signature/Registered Agent

10/22/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/22/10

Date

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TALLAHASSEE, FLORIDA