## P11000006964

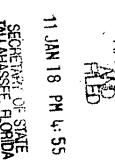
(Requestor's Name)			
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PICK-UP WAIT MAIL			
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## **COVER LETTER**

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

SUBJECT: Ace Termite & Pest Co	ontrol, Inc.
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  Certificate of Status
•	ADDITIONAL COPY REQUIRED
FROM: <mark>Marsha Singletary-Rewis</mark> Nam	S e (Printed or typed)
9058 Rainbow Lane	
Jacksonville, Florida 3:	Address  2220 , State & Zip
904-683-6116  Daytime 1	Telephone number
Marsha0301@aol.com	155
E-man address: (to be use	ed 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)

The name of the corp	NAME Ace Termite & Pest Co	ntrol, Inc.	
· 86	PRINCIPAL OFFICE Principal street address 10 Normandy Boulevard 2 cksonville, Florida 32221	Mailing address, if different is: P.O. Box 60695  Jacksonville, Florida 32236	
The purpose for white Pest Control S	ich the corporation is organized is:		
		nt Name and Title: Address:	
Name and Titl Address:	e:	Name and Title:	<b>28</b> = -
Name and Title Address:	e:	Name and Title: Address:	AHASSEE 5
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) o Marsha Singletary-Rewis 9058 Rainbow Lane Jacksonville, Florida 32220		ORIDA STATE 4: 55
<del></del>	NCORPORATOR  ess of the Incorporator is:  Marsha Singletary-Rewis  9058 Rainbow Lane Jacksonville, Florida 32220	 	
Having been named this certificate, I am	as registered agent to accept service of processions and accept the appointment as regional accept the appointment accept the appointment accept the appointment accept the appointment accept the accept the appointment accept the acce	ss for the above stated corpor gistered agent and agree to act	ation at the place designated in t in this capacity  01-14-11  Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein are artiment of State constitutes a third degree felor Required Signature/Incorporator	e true. I am aware that the fand the fand in s.817.155	alse information submitted in a if, F.S.  01-14-11 Date