

P110000010758

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(Business Entity Name)

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JAN 27 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 2/1/11

COVER LETTER

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

SUBJECT: A.P.E.S. Roach Busters Bug Killers of America, Inc.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Islancy Estarellas

Name (Printed or typed)

13800 SW 8 Street

Address

Miami, Florida 33184

City, State & Zip

Daytime Telephone number

Roachbusters1970@yahoo.com

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

A.P.E.S. Roach Busters Bug Killers of America, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
13800 SW 8 Street
Miami, FL 33138

Mailing address, if different is:

P.O. Box 941285
Miami, FL 33194

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Islancy Estarellas, President**
Address: **13800 SW 8 Street**
Miami, FL 33184

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: **Islancy Estarellas**
Address: **13800 SW 8 Street**
Miami, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Islancy Estarellas**
Address: **13800 SW 8 Street**
Miami, FL 33184

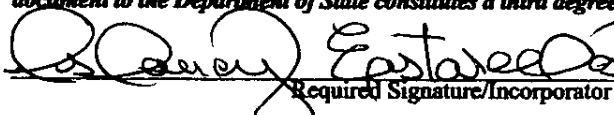
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/24/2011

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

01/24/2011

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA