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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Ps 2/21/11

## COVER LETTER

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

SUBJECT: **BBM Environmental Services 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

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **Robert Michaelson**

Name (Printed or typed)

**551 N.W. 99th Way**

Address

**Pembroke Pines, FL 33024**

City, State & Zip

**954-921-6666**

Daytime Telephone number

**bob@bbmpestcontrol.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**

The name of the corporation shall be:

**BBM Environmental Services Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3389 Sheridan St  
Hollywood, FL 33021  
Unit 448

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**To provide commercial pest control service.**

**ARTICLE IV SHARES**

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Robert Michaelson Pres.**

Address: **551 N.W. 99th Way  
Pembroke Pines, FL 33024**

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: **Robert Michaelson**

Address: **551 N.W. 99th Way  
Pembroke Pines, FL 33024**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Robert Michaelson**

Address: **551 N.W. 99th Way  
Pembroke Pines, FL 33024**

*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

**2-15-11**

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

**2-15-11**

Date