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P11000070690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

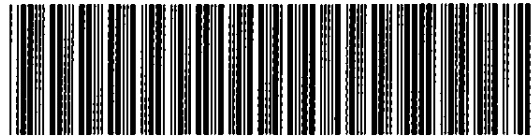
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DIVISION OF CORPORATIONS
2011 AUG -8 AM 9:22
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11 AUG -8 AM 9:27
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TILLMAN'S TERMITE & PEST CONTROL 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: GRADY TILLMAN, OWENS
Name (Printed or typed)

2274 STONEWOOD LANE
Address

TALLAHASSEE, FL 32310
City, State & Zip

850-322-1775
Daytime Telephone number

TILLMAN'S@COMCAST.NET
E-mail address: (to be used for future annual report notification)

Tillmans Pest Control@hotmail.com

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: Tillman's Termite & Pest Control INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2274 STONEWOOD LANE
TALLAHASSEE, FL 32310

Mailing address, if different is:

P.O. Box 6691
TALLAHASSEE, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GRADY TILLMAN OWENS

Address: P.O. Box 6691
TALLAHASSEE, FL 32314

Name and Title: _____

Address: _____

Name and Title: FRANCE HINLER OWENS

Address: P.O. Box 6691
TALLAHASSEE, FL 32314

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: GRADY TILLMAN OWENS

Address: 2274 STONEWOOD LANE
TALLAHASSEE, FL 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GRADY TILLMAN OWENS

Address: 2274 STONEWOOD LANE
TALLAHASSEE, FL 32310

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

Grady Tillman Owens

Required Signature/Registered Agent

8-8-11

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.

Grady Tillman Owens

Required Signature/Incorporator

8-8-11

Date

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