P11000088948

(Requestor's Name)
(Address)
(Address)
,
(Cit./Octo/71/D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



700211860137

10/11/11--01042--024 **87.50

11 OCT 11 PH 2: 17

LCTA 1 TATE
DIVISION OF CORPORATIONS
TALLANASSEE FLORIDA

FILED

11 OCT I'I PH 2: 30

SECRETARY OF STATE
ALLAHASSEF FIGSIN

The 10/11/11

COVER LETTER

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

SUBJECT: AAA NUISANCE W	Dildlife Control TENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: GARY Fred Name 3347 JAMEY	Address
JALLANASSEE, FL.	32363. State & Zip
(850) 524-10 Daytime To	236 elephone number
9fc03@conca	st. net I for future annual report notification)
man address. (to be used	a for ruture 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 The name of the o	NAME corporation shall be: AAA	Nuisance	Wildlife	e contral	INC.	
ARTICLE II				Mailing address, if different is:		
ARTICLE III The purpose for	PURPOSE which the corporation is organiz	red is: Any	+211	lawfull	bussiness	
	ares of stock is: 100					
Name and Address:	Tallahassee FL	President	Name and Title:			
Name and Address:	Title:		Name and Title: Address:			
Name and Address:	Title:		Name and Title: Address:			
ARTICLE VI	REGISTERED AGENT					
	Gary Caros 3347 James Tallahassee,	JR Rd.	he registered agen	t is:	AS TO	
ARTICLE VII	INCORPORATOR	•	•	,		
The name and ac	ddress of the Incorporator is:			Ş		
Name: Address:	JAMY CAPPS 3347 JAMEY TAILAHASSEE, PU	Rd. -, 3230 3) - - -		
Having been nat this certificate, L	med as registered agent to accep om familiar with and accept the	nt service of process appointment as regis	for the above stat stered agent and a	gree to act in this capa	place designated in	
				10-	11-11	
	Required Signature/Re	gistered Agent			Date	
I submit this document to the	clument and affirm that the fact. Department of State constitutes a	s stated herein are i third degree felony	true. I am aware as provided for in	s.817.155, F.S.	_	
115	Required Signature/	Incorporator		10	-1(-/(Date	
1/3	Neumiter 215matrite/	meorporator			Date	