

P/2000037356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

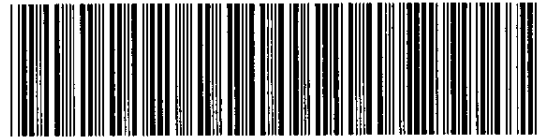
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CORRECTED ARTICLE IV (SHARES)  
PER TELEPHONE CONVERSATION  
WITH DAVID APONTE.

TE 04/20/12

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 19 PM 2:58

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## COVER LETTER

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

**SUBJECT:** The Pest Control Store, Co

(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
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** David Aponte

Name (Printed or typed)

12555 Biscayne Blvd #790

Address

North Miami Beach, FL 33181

City, State & Zip

305 758-8899

Daytime Telephone number

homecareent@aol.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 Pest Control Store, Co.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
672 NW 118 Street  
Miami, FL 33168

Mailing address, if different is:  
12555 Biscayne Blvd #790  
North Miami FL 33181

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Sales of pest control products, equipment and supply

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>David Aponte</u>	Name and Title: _____
Address: <u>12555 Biscayne Blvd #790</u>	Address: _____
<u>North Miami FL 33181</u>	_____

Name and Title: <u>Sandra Orellana</u>	Name and Title: _____
Address: <u>12555 Biscayne Blvd #790</u>	Address: _____
<u>North Miami, FL 33181</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

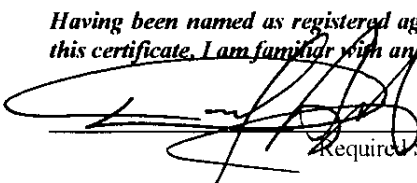
Name: David Aponte  
Address: 12555 Biscayne Blvd  
North Miami fl 33181

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Aponte  
Address: 12555 Biscayne Blvd  
North Miami FL 33181

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

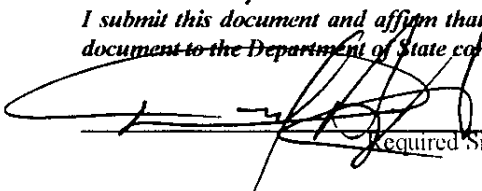


\_\_\_\_\_  
Required Signature/Registered Agent

04/16/2012

\_\_\_\_\_  
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

04/16/2012

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA