

P13000002418

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JAN -8 PM 2:04
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32317
13 JAN -8 PM 4:05

JAN 4 2013

COVER LETTER

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

SUBJECT: Randall Pest Management, 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: Shari Randall

Name (Printed or typed)

36 Posey Road

Address

Crawfordville FL 32327

City, State & Zip

850-570-7085

Daytime Telephone number

ferniebubba64@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 name of the corporation shall be:

Randall Pest Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

36 Posey Road

Crawfordville FL 32327

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in the lawful business of pest management. To engage in the lawful business of breeding and selling canines. To engage in any legal business ventures, related to the above or otherwise.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Newsome D. Randall, President

Address: 36 Posey Road

Crawfordville FL 32327

Name and Title: _____

Address: _____

Name and Title: Shari F. Randall, VP, T, S

Address: 36 Posey Road

Crawfordville FL 32327

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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13 JAN -8 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Deborah G. Baldwin

Address: 1736 Ray Road

Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

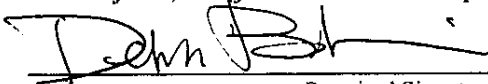
The name and address of the Incorporator is:

Name: Deborah G. Baldwin

Address: 1736 Ray Road

Tallahassee, Florida 32303

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

8 JAN 2013

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

8 JAN 2013

Date