

P130000082168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

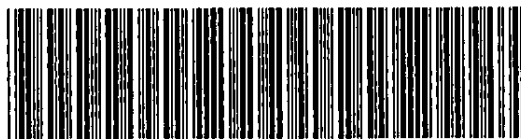
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT - 7 2013

A. DUNLAP

Office Use Only



400247333504

04/30/13--01019--020 **78.75

FILED

13 OCT - 7 PM 12:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

249527271

254-629



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2013

SHELLY M. KUHN
142 BILLIAR AVE NE
PALM BAY, FL 32907

SUBJECT: ASAP PEST SOLUTIONS, INC.
Ref. Number: W13000025696

We have received your document for ASAP PEST SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must have original signatures.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 913A00010508

COVER LETTER

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

SUBJECT: **ASAP PEST SOLUTIONS, 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: **SHELLEY M. KUHN**

Name (Printed or typed)

142 BILLIAR AVE NE

Address

PALM BAY, FL 32907

City, State & Zip

321-557-2100

Daytime Telephone number

njh2609@att.net

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: ASAP PEST SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

142 BILLIAR AVE NE

PALM BAY, FL 32907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for a "PROFESSIONAL CORPORATION"

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHELLEY M. KUHN

Name and Title: PRESIDENT

Address: 142 BILLIAR AVE NE

Address:

PALM BAY, FL 32907

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED
13 OCT -7 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

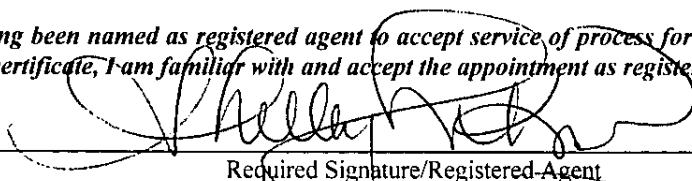
Name: SHELLEY M. KUHN
Address: 142 BILLIAR AVE NE
PALM BAY, FL 32907

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHELLEY M. KUHN
Address: 142 BILLIAR AVE NE
PALM BAY, FL 32907

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

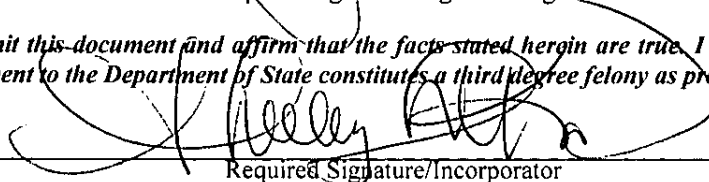


Required Signature/Registered Agent

10/4/13

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

10/4/13

Date