

P/400000 6511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA


01/24/14


## COVER LETTER


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


SUBJECT: Tactical 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: Mitchell Frank  
Name (Printed or typed)

3313 SW 3rd Lane  
Address

Cape Coral, FL 33991  
City, State & Zip

239-282-2340  
Daytime Telephone number

frank120@bellsouth.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: Tactical Pest Control, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3313 S.W. 3rd Lane

Cape Coral, Fl 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide pest control service for the interior and exterior of private homes, apartment complexes, condominiums/townhomes and commercial business'. Our corporation will also provide lawn and ornamental pest control for same. In addition, our corporation will provide inspections, and any termite treatments that are afforded under our license for same. All services provided, will be in accordance with Florida Laws and Florida Pest Control Industry Standards.

**ARTICLE IV SHARES**

The number of shares of stock is: One Hundred .

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

Name and Title: Mitchell Frank, Chief Executive Officer

Name and Title: \_\_\_\_\_

Address

3313 S.W. 3rd Lane

Address: \_\_\_\_\_

Cape Coral, Fl 33991

Name and Title: Barbara Frank ,President

Name and Title: \_\_\_\_\_

Address

3313 S.W. 3rd Lane

Address: \_\_\_\_\_

Cape Coral, Fl 33991

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

(cont.)

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: Mitchell Frank  
Address: 3313 S.W. 3rd Lane  
Cape Coral, FL 33991

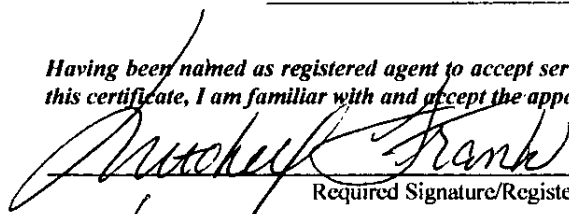
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

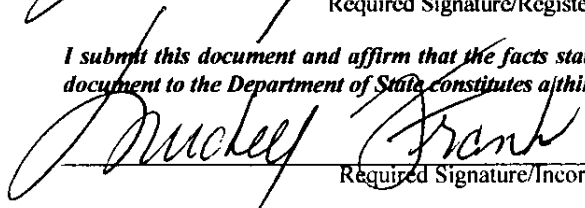
Name: Mitchell Frank  
Address: 3313 S.W. 3rd Lane  
Cape Coral, FL 33991

*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

Jan. 06, 2014  
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

Jan. 06, 2014  
Date