

P14000043934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

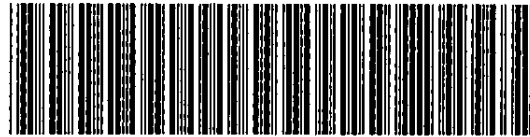
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Straitwell GAVE
AUTHORIZATION BY PHONE TO
CORRECT 5/16/14
DATE VH
DOC. EXAM W14-29821

Office Use Only



000259947240

05/09/14--01015--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAY 15 PM 1:33

William A Straitwell

2423 Kamsler Ave

North Port, FL 34286

(941) 356-8432

May 6, 2014

Florida Department of State

Division of Corporations

Corporate Filings

P.O. Box 6327

Tallahassee, FL 32314

To Whom it may concern,

This letter is to let you know that I do not plan to reinstate or reactivate Doc# P12000031061.

Therefore the name Southwest Pest Control Inc. Will become available. Thank you
very much.


William A Straitwell

COVER LETTER

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

SUBJECT: SOUTHWEST 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: WILLIAM A STRATTON
Name (Printed or typed)

2423 KAMLER AVE
Address

NORTH PORT FL 34286
City, State & Zip

941-356-8432
Daytime Telephone number

160728 @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2014

WILLIAM A STRAITWELL
2423 KAMSLER AVE
NORTH PORT, FL 34286

SUBJECT: SOUTHWEST PEST CONTROL INC
Ref. Number: W14000029821

We have received your document for SOUTHWEST PEST CONTROL 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 414A00010111

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:

SOUTHWEST PEST CONTROL INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAY 15 PM 1:33

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2423 Kamsler Ave

NORTH PORT, FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR A PEST CONTROL COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

William A. Strain / owner

Name and Title:

Address

2423 Kamsler Ave (P)

Address:

NORTH PORT, FL 34286

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAY 15 PM 1:33

ARTICLE VI REGISTERED AGENT

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

Name:

William A Strainwell

Address:

2423 Kamsler Ave

North Port, FL 34286

ARTICLE VII INCORPORATOR

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

Name:

William A Strainwell

Address:

2423 Kamsler Ave

North Port, FL 34286

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

William A Strainwell

Required Signature/Registered Agent

5/6/14

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.

William A Strainwell

Required Signature/Incorporator

5/6/14

Date