

P14000076419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

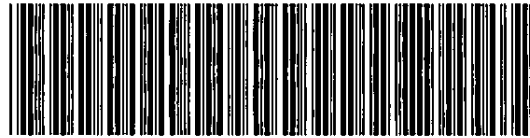
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE  
MAIL ROOM SEP 15 2014

14 SEP 15 PM 4:35

APPROVAL  
AND  
FILED

VH

## COVER LETTER

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

SUBJECT: NY Pest Services 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Alvaro Restrepo  
Name (Printed or typed)  
201 S Occident St  
Address  
Tampa, FL 33609  
City, State & Zip  
813-484-1039  
Daytime Telephone number  
andy@pestcenter.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME** NY Pest Services Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: 14 SEP 15 PM 4:35

201 S Occident St

Tampa, Fl 33609

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

Consulting of pest control services

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Alvaro Restrepo President

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

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

Address

201 S Occident St

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

Tampa, Fl 33609

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

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

Address

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

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

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

Address

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

(conti.)

APPROVED  
AND  
FILED

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address _____         | Address: _____        |
| _____                 | _____                 |
| _____                 | _____                 |

14 SEP 15 PM 4: 35

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: Alvaro Restrepo  
Address: 201 S Occident St  
Tampa, Fl 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

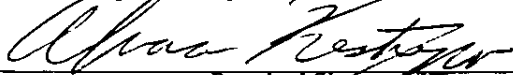
Name: Alvaro Restrepo  
Address: 201 S Occident St  
Tampa, Fl 33609

*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

9/11/14  
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.*

  
Required Signature/Incorporator

9/11/14  
Date