

P14000095437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

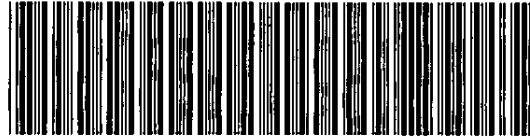
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/14--01014--019 **78.75

14 NOV 24 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: BRYAN WEST 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: BRYAN WEST
Name (Printed or typed)
712 LAKELARCH DR.
Address
LAKELAND, FLORIDA 33805
City, State & Zip
(863) 255-1407
Daytime Telephone number
bryanwest02@gmail.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

The name of the corporation shall be:

BRYAN WEST PEST CONTROL INC

14 NOV 24 PM 3:09

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

712 LAKELARCH DR.

LAKELAND FL. 33805

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL BUSINESS DOING PEST CONTROL

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **BRYAN WEST PRESIDENT**

Name and Title: _____

Address **712 LAKELARCH DR.**

Address: _____

LAKELAND FL. 33805

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

(cont.)

14 NOV 24 PM 3:09

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

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: BRYAN WEST
Address: 712 LAKE LARCH DR.
LAKELAND FL. 33805

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CAROLYN FARLEY
Address: 7539 EASTVIEW PL.
LAKELAND FL. 33810

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

Bryan R. West
Required Signature/Registered Agent

11-20-2014
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.

Carolyn Farley
Required Signature/Incorporator

11/20/14
Date