

P16000030527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

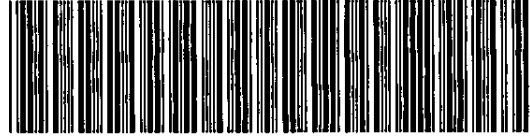
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with MS. Cruce @ 5:03
4/6/16.
✓ OK to change shares to
1 (from 0)
TLH 4/6/16

Office Use Only



500283210455

03/31/16--01015--007 **78.75

FILED
15 MAR 31 PM 5:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TLH
4-6-16

COVER LETTER

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

SUBJECT: Cruce Pest Management, 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: Robin T. Cruce
Name (Printed or typed)

10729 Shady Preserve Dr.
Address

Riverview, FL 33579
City, State & Zip

352-239-3930
Daytime Telephone number

robin_c905@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)

ARTICLE I NAME

The name of the corporation shall be: Cruce Pest Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

10729 Shady Preserve Dr.
Riverview, Fl. 33579

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Pest Control
and Termite Control

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robin T. Cruce President Name and Title: _____

Address 10729 Shady Preserve Dr. Address: _____

Riverview, Fl.

33579

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 MAR 31 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Robin T. Cruce

Address: 10729 Shady Preserve Dr.
Riverview Fl. 33579

ARTICLE VII INCORPORATOR

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

Name: Robin T. Cruce

Address: 10729 Shady Preserve Dr.
Riverview Fl. 33579

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Robin T. Cruce
Required Signature/Registered Agent

3-28-16
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.

Robin T. Cruce
Required Signature/Incorporator

3-28-16
Date