

P16000085165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

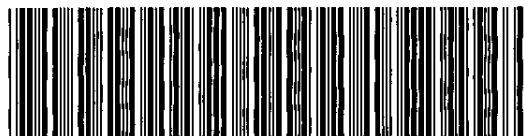
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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DEPARTMENT OF STATE

C. GOLDEN

OCT 24 2016

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16 OCT 24 PM 2:31

COVER LETTER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: GreenWay 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: GRACY CARPS JR
Name (Printed or typed)

P.O. Box 180847 Tall, FL 32318

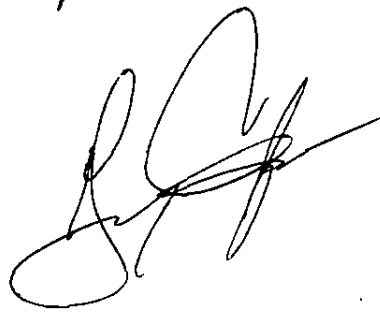
Tall FL 32318
City, State & Zip

(850) 524-1034
Daytime Telephone number

gfc03@comcast.net
E-mail address: (to be used for future annual report notification)

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

El Gary Capps have no
intention of reinstating
please release the name.

 10/24/16

PO8000090212

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SEAL
FALL ARIZONA 86001

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 OCT 24 PM 2:31

ARTICLE I NAME

The name of the corporation shall be: Greenway Pest Control INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

3347 Jamez Rd.
Tallahassee, FL 32303

Mailing address, if different is:

P.O. Box 180847
Tallahassee FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY CAPPS JR President Name and Title: _____
Address P.O. Box 180847 Address: _____
Tallahassee, FL 32318

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

APPROVAL
603
FLSD

16 OCT 24 PM 2:31

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: Gary Capps Jr
Address: 3347 Jamez Rd.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Capps Jr
Address: 3347 Jamez Rd.
Tallahassee, FL 32303

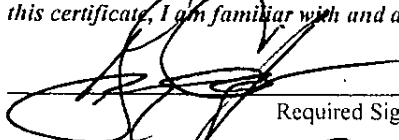
ARTICLE VIII EFFECTIVE DATE:

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.

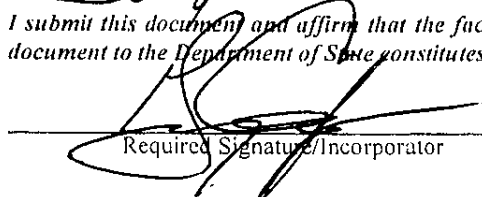
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/24/16
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.



Required Signature/Incorporator

10/24/16
Date