

P19000036436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

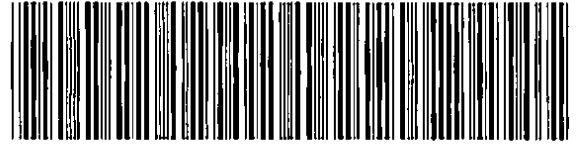
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2019 MAY -2 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/03/19--01005--002 **105.00

19 MAY -2 PM 4:14
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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: GARY CARPS JR
Name (Printed or typed)

3347 JAMEY Rd.
Address

TALLAHASSEE, FL 32303
City, State & Zip

(850) 524-1036
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.

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:

GREENWAY PEST CONTROL Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2490 Centerville Rd. Unit A
TALLAHASSEE, FL. 32308

P.O. Box 180847
TALLAHASSEE, FL. 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pest control services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

GARY APPS JR (President)

Name and Title:

Address

3347 Jimmy Rd.

Address:

Tallahassee, FL. 32303

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2019 MAY -2 PM 3:40
TALLAHASSEE, FL

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 CARPS JR

Address: 3347 Jamey Rd.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GARY CARPS JR

Address: 3347 Jamey Rd.
Tallahassee, FL 32303

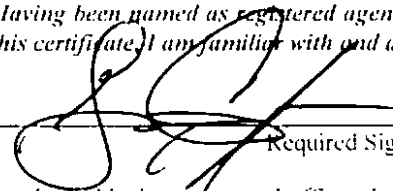
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

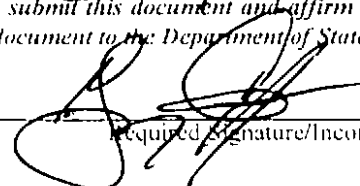


Required Signature/Registered Agent

5/2/19

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

5/2/19

Date

1. GARY CRAPS JR will not reinstate Greenbay Pest Control I
Document number P116000085165

And will file a new filing with the same name.