

PI9000036438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

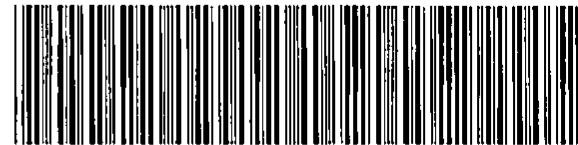
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/03/19--01005--003 **105.00

19 MAY - 2 PM 4:26

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 MAY - 2 PM 3:50
ALL AMERICAN RECORDING
FILED 2019 MAY 2 PM 3:50
ALL AMERICAN RECORDING

FILED

COVER LETTER

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

SUBJECT: Critter Getter Termiter 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: Tammy LaTorre
Name (Printed or typed)

P.O. Box 12394

Address

Tall, FL 32317

City, State & Zip

850- 566-1584

Daytime Telephone number

acrittergetter1@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: Critter Getter Termite & Pest Control Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2490 Centerville Rd.
Tall, FL 32308

P. O. Box 12394
Tall, FL 32317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pest Control

ARTICLE IV—SHARES

The number of shares of stock is: 50

2013 MAY -2 PM 3:50
FIL.
DR. R. H. HASSLER - 1890

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammy La Torre Pres Name and Title: _____

Address P.O. Box 12394 Address: _____

Tall, FL 32317

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Tammy LaTorre
Address: 2490 Centerville Rd.
Tall, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tammy LaTorre
Address: 2490 Centerville Rd.
Tall, FL 32308

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

Tammy LaTorre

Required Signature/Registered Agent

5/21/19

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.

Tammy LaTorre

Required Signature/Incorporator

5/21/19

Date

I Tammy LaTorre will not reinstate Critter Gotice Termiter & Pest Control Inc
Document number P18000062 389.

And will file a new filing with the same name.