

P19000036438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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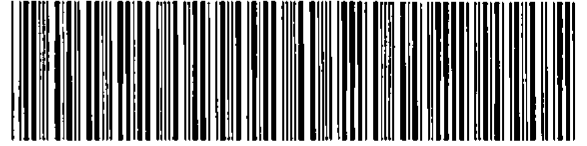
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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

19 MAY -2 PM 4:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2019 MAY -2 PM 3:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Critter Getter Termites 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: 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: 100

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: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2013 MAY -2 PM 3:50
TALLAHASSEE - FLA

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

1. Tammy La Torre will not reinstate Critter Gettel Termite & P.
Document number P18000062389. Control Inc

And will file a new filing with the same name.