

# P21000028754

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

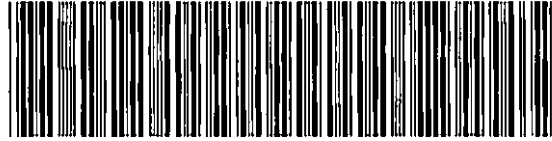
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 MAR 30 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

21 MAR 30 AM 3:54

**CORPORATE  
'ACCESS,  
INC.**

*When you need ACCESS to the world*

70

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/30 Glinda

☐

**CERTIFIED COPY**

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**FILING**

**ARTICLES**

**A. O'NEILL ENTERPRISES INC.**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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

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**ARTICLE I NAME**

The name of the corporation shall be: A. O'Neill Enterprises Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE

Mailing address, if different is: EE, FL

729 W. Kings College Drive  
Saint Johns, FL 32259

SAME

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anthony Hurman Jr.

Name and Title: Pres/Sect/Treas/Director

Address 729 W. Kings College Drive  
Saint Johns, FL 32259

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: Anthony Hurman Jr.

Address: 729 W. Kings College Drive  
Saint Johns, FL 32259

2021 MAR 30 PM 4: 07  
SECTION OF STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

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

Name: Anthony Hurman Jr.

Address: 729 W. Kings College Drive  
Saint Johns, FL 32259

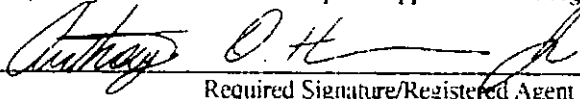
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL.)

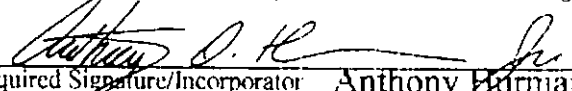
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 3/30/2021  
Required Signature/Registered Agent Anthony Hurman Jr. 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.*

 3/30/2021  
Required Signature/Incorporator Anthony Hurman Jr. Date