

P21000076964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

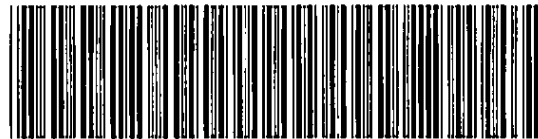
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

No Money  
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W21000093795

Office Use Only



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7/21/21 PM 4:08

7/21/21 PM 4:37

TH

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations  
The Eliminator Pest Management Inc

**SUBJECT:** \_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Brian Drennan

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

7085 Merganser Ct #2104

\_\_\_\_\_  
Address

Lake Worth, FL 33463

\_\_\_\_\_  
City, State and Zip Code

briansdrennan1@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

jodi brunsvold 561 6765198

\_\_\_\_\_  
Name of Contact Person at ( ) Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees.  
and Certificate of Status and Certified Copy Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2009 JUL 14 PM 1:37

**Articles of Conversion**  
For  
**Converting Eligible Entity**  
Into  
**Florida Profit Corporation**

2021 JUL 14 PM 4:37

The Articles of Conversion **and attached Articles of Incorporation** are submitted to convert the following eligible business entity into a **Florida Profit Corporation** in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to the filing of the Articles of Conversion is:  
The Eliminator Pest Management LLC

Enter Name of the Converting Entity

LLC

2. The converting entity is a \_\_\_\_\_  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

Florida

first organized, formed or incorporated under the laws of \_\_\_\_\_  
(Enter state, or if a non-U.S. entity, the name of the country)

6-16-2019

on \_\_\_\_\_  
Enter date "Converting Entity" was first organized, formed or incorporated.

3. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:  
The Eliminator Pest Management Inc

Enter Name of Florida Profit Corporation

4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

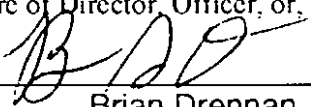
(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

Signed this 17th day of June, 2021.

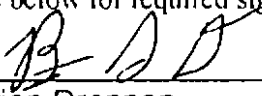
**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

  
\_\_\_\_\_  
Brian Drennan mgr

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies: [See below for required signature(s).]**

Signature:   
\_\_\_\_\_  
Brian Drennan mgr

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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

**ARTICLE I**    **NAME**                      The Eliminator Pest Management Inc

The name of the corporation shall be: \_\_\_\_\_ 2021.01.14 PM 5:37

**ARTICLE II**    **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

7085 Merganser Ct # 2104

Lake Worth, FL 33463

**ARTICLE III**    **PURPOSE**

The purpose for which the corporation is organized is:  
pest control

**ARTICLE IV**    **SHARES**    1

The number of shares of stock is: \_\_\_\_\_

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

Brian Drennan    mgr

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

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

7085 Merganser Ct #2104

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

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

Lake Worth, FL 33463

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:

Brian Drennan

Name:

7085 Merganser Ct #2104

Address:

Lake Worth, FL 33463

\*\*\*\*\*

*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

6-17-2021

Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2021

BRIAN DRENNAN  
7085 MERGANSER CT #2104  
LAKE WORTH, FL 33463

SUBJECT: THE ELIMINATOR PEST MANAGEMENT INC  
Ref. Number: W21000093795

We have received your document for THE ELIMINATOR PEST MANAGEMENT INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$105.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II

Letter Number: 921A00014818

2021 JUN -9 AM 11:27