

Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BEST QUALITY PEST CONTROL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 DEC 27 PM 2:30

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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: BEST QUALITY PEST CONTROL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
10943 SW 124 RD  
MIAMI, FL 33176

Mailing address, if different is:  
10943 SW 124 RD  
MIAMI, FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ANTONIO PEREZ - P Name and Title:

Address 10943 SW 124 RD Address:

MIAMI, FL 33176

Name and Title: DAVID SMITH - VP Name and Title:

Address 11780 SW 34th ST Address:

MIAMI, FL 33175

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: JOSE ANTONIO PEREZ  
Address: 10943 SW 124 RD  
MIAMI, FL 33176

**ARTICLE VII INCORPORATOR**

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

Name: JOSE ANTONIO PEREZ  
Address: 10943 SW 124 RD  
MIAMI, FL 33176

2024 DEC 27 PM 4:45  
STATE  
FL

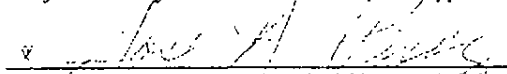
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2025 (OPTIONAL)

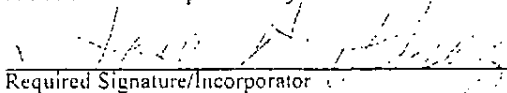
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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  
12/27/2024  
\_\_\_\_\_  
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  
12/27/2024  
\_\_\_\_\_  
Date