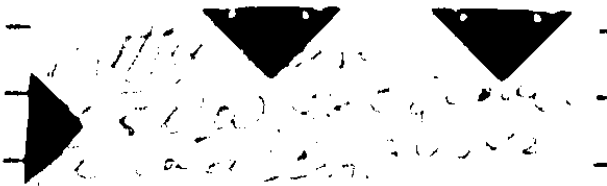


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OFFICE USE ONLY (Document #)



OFFICE USE ONLY

95 MAR 22  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #) **3000001453323**  
-04/11/95--01075--0004  
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2. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_  
(Corporation Name) \_\_\_\_\_ (Document #)

**EFFECTIVE DATE**

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy
- ☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

March 28, 1995

BETTY YOHN  
8165 N.W. 80TH AVE.  
OCALA, FL 34482

SUBJECT: U-CONTROL PEST PRODUCTS, INC.  
Ref. Number: W95000006829

We have received your document for U-CONTROL PEST PRODUCTS, 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 \$70.00.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The corporate fees are as follows:

**CORPORATIONS FILING FEES**

Profit and NonProfit  
Florida & Foreign Corp.

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala  
Document Specialist Supervisor

Letter Number: 695A00014034

# **EFFECTIVE DATE**

## **ARTICLES OF INCORPORATION OF U-CONTROL PEST PRODUCTS, INC.**

FILED  
95 MAR 23  
ALLIANCE

### **Article I - Name**

The name of this corporation is U-CONTROL PEST PRODUCTS, INC.

### **Article II - Commencement and Duration**

This corporation is to commence its corporate existence on the date of subscription and acknowledgment of these Articles of Incorporation and shall exist perpetually thereafter until dissolved according to law.

### **Article III - Purpose**

This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and Florida.

### **Article IV - Capital Stock**

The aggregate number of shares which this corporation shall have authority to issue and have outstanding at any time shall be 100,000 shares of common stock of par value of \$1.00 per share.

### **Article V - Principal Office and Mailing Address**

The address of the initial registered office of the corporation is 8165 N.W. 80th Ave. Ocala, Florida 34482.

### **Article VI - Initial Registered Agent and Address**

The initial registered agent of this corporation is Betty Yohn, whose address is 8165 N.W. 80th Ave. Ocala, Florida 34482.

**Article VII - Initial Board of Directors**

The corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by an amendment of the By-Laws of the corporation in the manner provided by law.

The name and address of the initial director of this corporation is:

Betty Yohn  
8165 N.W. 80th Ave  
Ocala, FL 34482

**Article VIII - Incorporator**

The name and address of the Incorporator signing these Articles of Incorporation is:

Betty Yohn  
8165 N.W. 80th Ave  
Ocala, FL 34482


**Article IX - Indemnification**

The corporation shall indemnify any present or former officer or director, or any person exercising powers and duties of a director, to the full extent now or hereafter permitted by law.

**Article X - Amendment**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 27<sup>th</sup> day of March, 1995.

 904 629-6196  
Betty Yohn, Incorporator

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing Articles of Incorporation were acknowledged before me this  
27<sup>th</sup> day of March, 1995, by BETTY YOHN and she stated to me  
that she executed the same freely and voluntarily for the purposes therein  
stated. She is personally known to me or has produced satisfactory evidence  
of identification pursuant to Florida Statute Section Number 117.05.

Carolyn K. Laross  
(Notary Signature)  
TITLE - NOTARY  
NAME - CAROLYN K. LAROSS  
VERIFICATION - KNOWS PERSONALLY  
OR DRIVERS LICENSE USED

(Notary Name Printed or Typed)  
Notary Public, State of Florida  
Commission No.: 00108327

Notary Public, State of Florida  
My Commission Expires June 30, 1995  
Bonded Thru Troy Finn Insurance Inc.

V500-085 34-506 0

**CERTIFICATE OF REGISTERED AGENT  
AND REGISTERED OFFICE OF  
U-CONTROL PEST PRODUCTS, INC.**

Pursuant to Florida Statutes section number 607.0501 and 607.0505, the following is submitted in compliance with said sections:

U-Control Pest Products, Inc. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation, has named BETTY YOHN as its Registered Agent to accept service of process within this State and who is located at the following registered office:

8165 N.W. 80th Ave  
Ocala, FL 34482

**Acknowledgment and Acceptance**

Having been named as the registered agent for the above corporation for the purpose of accepting service of process at the registered office designated in this Certificate. I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 27<sup>th</sup> day of march, 1995.

Betty Yohn  
Betty Yohn

State of Florida  
County of Marion

The foregoing Certificate of Registered Agent and Registered Office was acknowledged before me this 27<sup>th</sup> day of march, 1995, by BETTY YOHN and she stated to me that she executed the same freely and voluntarily for the purposes therein stated. She is personally known to me or has produced satisfactory evidence of identification pursuant to Florida Statutes Section Number 117.05.

Carolyn K. LaRoss  
(Notary Signature)

TITLE - NOTARY  
NAME - CAROLYN K. LaROSS  
VERIFICATION - KNOWS PERSONALLY  
OR DRIVERS LICENSE USED

(Notary Name Printed or Typed)

Notary Public, State of Florida CC108327

Commission Notary Public, State of Florida

My Commission Expires June 30, 1995

Bonded thru Troy Fols - Insurance Co.

95 MAR 28 2 11 PM '95  
STATE OF FLORIDA  
NOTARY PUBLIC