P96000006250

TRANSMITTAL LETTER

96 JAN 22 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: The Pest Doctor's Of Broward Inc.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $ 70 .

FROM: The Pest Doctor's
Name (printed or typed)
1248 SW 1st Ave
Address
Pompano Beach FL 33060
City, State, & Zip
(954) 785-8300
Telephone Number
305) 659-1529

800001682058
-01/09/96--01012--007
*****70.00 *****70.00

Note: Please provide the original and one copy of the Articles.

Alt 1/22/96

W96-852

Alt 1/10/96

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 10, 1996

GLEN J. SWEIKATA
1248 SW 1ST AVE
POMPANO BEACH, FL 33060

SUBJECT: THE PEST DOCTOR'S OF BROWARD INC.
Ref. Number: W96000000852

We have received your document for ~~THE PEST DOCTOR'S and~~ check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall
Document Specialist

Letter Number: 596A00001380

ARTICLES OF INCORPORATION

OF

FILED
96 JAN 22 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Pest Doctor's of Broward INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: The Pest Doctor's of Broward INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1248 SW 1st Ave
Pompano Beach FL
33060

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 300 at $1 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Glen J. Sweikata
1248 SW 1st Ave
Pom Pano Beach FL
33060

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Glen J. Sweikata
1248 SW 1st Ave
Pompano Beach FL 33060

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 4th day of January, 19 95.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED
96 JAN 17 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: The Best Doctors OF Broward INC.

2. The name and address of the registered agent and office is:

Glen J. Sweikata
(NAME)

1248 SW 1st Ave
(P.O. BOX NOT ACCEPTABLE)

Pompano Beach FL 33060
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS 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.

SIGNATURE [signature]

DATE 1-4-96