P97000068940

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

SUBJECT: INTE	GEAL POST MANAG (Proposed co	EMENT INC.	de suffix)	_
		iman, e e	400002261 -08/08/97 ****131.25	13042 -01028005 5 ****131.29
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :				
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL C	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: INTEGRAL PEST MANAGEMENT INC. Name (Printed or typed) 1965 EAST CIRCLE SOUTH DRIVE Address LAUGE PRISES FLORING 38453				
		Address	3	PH 1:50
	352-344-3368 Daytime T	elephone number		

NOTE: Please provide the original and one copy of the articles.

8-8-97 W5

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

INTEGRAL PEST MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

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

1965 EAST CIECLE SOUTH DENE

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

DENNIS FLANAGAN 1965 EAST CIRCLE SOUTH DRIVE, INVERNESS, FC. 34453

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DENNIS FLANAGAN

1965 EAST CIRCLE, SOUTH DRIVE, INVERNESS, FL. 34453

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date