P970000009090950

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

500002325195--7 -10/21/97--01018--003 () ****122.50 ****122.50

SUBJECT: Florida Agimal & Insect Control Inc.				
	(Proposed corpor	rate name - must include suf	fix)	-
Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for:	
\$70,00				
Filing Fee	☐ \$78.75 Filing Fee	\$122.50	\$131.25	
- ······g · · · ·	& Certificate	Filing Fee & Certified Copy	Filing Fee,	
		a Columai Copy	Certified Copy & Certificate	
ADDITIONAL COPY REQUIRED				
FROM: WARREN Nathen Anderson				
FROM: WARREN NATURN HINDERSON Name (Printed or typed)				
Classic and allele al				
8280 N.W. 24th St.				
Address ASS 97				
CORAL SPRINGS, FL., 3306 S. TI				
City, State & Zip				
117 1 202			.T.⊕ 	
MORREIN	(GAVES4) 255-	C/O /	AH 8: 06 OF STATE E. FLORIDA	
AUTHORITHTION, BY PHO	ONE TO	acpaone number	OS AGES	
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10/226	15			
DATE	\\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
DOC. EXAM.	111,	•		bak
NOTE: Please provide the existent and TM - 10/23/97				
NOTE: Please provide the original and one copy of the articles.				

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

llaving 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