P98000005276

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 671926 7143244

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : January 16, 1998

ORDER TIME : 1:16 PM

ORDER NO. : 671926-005

100002403601--3
-01/20/98--01001--005
****122.50 ****122.50

CUSTOMER NO: 7143244

CUSTOMER: Mr. Olusoji Olukolu
MR. OLUSOJI OLUKOLU

Suite 116
6412 N. University Drive
Fort Lauderdale, FL 33321

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 16 PM 3:28

DOMESTIC FILING

NAME: NATIONAL PESTS EXTERMINATORS &
HOME INSPECTION SERVICE
INCORPORATED

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Bryant

EXAMINER'S INITIALS:

RECEIVED
98 JAN 16 PM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 16 PM 3:28

TRANSMITTAL LETTER

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

SUBJECT: FORMATION AND REGISTRATION OF NATIONAL PESTS EXTERMINATORS & HOME INSPECTION SERVICE INCORPORATED
(Proposed corporate name - must include suffix)

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	☐ $131.25 Filing Fee, Certified Copy & Certificate

Additional Copy Required

FROM: OLUSOJI OLUKOLU
Name (printed or typed)

6412, NORTH UNIVERSITY DRIVE
Address

TAMARAC, FLORIDA 33321 U.S.A.
City, State & Zip

(954) 720-7024
Daytime Telephone number

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

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DIVISION OF CORPORATIONS
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ARTICLES OF INCORPORATION

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: NATIONAL PESTS EXTERMINATORS & HOME INSPECTION SERVICE INCORPORATED.

ARTICLE II PRINCIPAL OFFICE

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

6412, NORTH UNIVERSITY DRIVE SUITE 116
TAMARAC, FLORIDA 33321 U.S.A

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OLUSOJI OLUKOLU

6412 NORTH UNIVERSITY DRIVE
SUITE 116
TAMARAC, FLORIDA 33321

ARTICLE V INCORPORATOR(S)

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

OLUSOJI OLUKOLU.
SHARON EBANKS

PURPOSE - TO ENGAGE IN PEST CONTROL AND EXTERMINATING BUSINESS. TO ENGAGE IN CONSTRUCTION, REPAIRING, REMODELING, VISUAL INSPECTION OF BUILDING, PUBLIC WORK AND SERVICES OF ALL KINDS. ALSO IMPROVEMENT OF REAL ESTATE, DOING OF ANY OTHER BUSINESS AND CONTRACTING WORKS INCIDENTAL TO OR CONNECTED WITH SUCH WORK DEMOLITION. THE FOREGOING. PURPOSES AND ACTIVITIES WILL BE INTERPRETED AS AN EXAMPLE ONLY AND NOT A LIMITATION, AND NOTHING THEREIN SHALL BE DEEMED A PROHIBITING THE CORPORATION FROM EXTENDING ITS ACTIVITIES TO ANY RELATED OR OTHERWISE PERMISSIBLE LAWFUL BUSINESS PURPOSE WHICH MAY BECOME NECESSARY, PROFITABLE OR DESIRABLE FOR THE FURTHERANCE OF THE CORPORATE OBJECTIVES EXPRESSED ABOVE.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12TH day of JANUARY, 1998.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 16 PM 3:28

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: NATIONAL PESTS EXTERMINATORS & HOME INSPECTION SERVICE INCORPORATED

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

OLUSOJI OLUKOLU
(Name)

6412 NORTH UNIVERSITY DRIVE SUITE 116
(P.O. Box or Mail Drop Box NOT acceptable)

TAMARAC, FLORIDA 33321 U.S.A.
(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)

1/12/98
(Date)