

P98000019929

Requestor's Name

ROBERT J. ELDREDGE, EA

3580 W. HIGHWAY 44
INVERNESS, FL 34453
(352) 344-8300

60000244426--1
-03/02/98-01142-005
*****70.00 *****70.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
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98 MAR -2 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

F. CHESSER MAR 3 1998

Examiner's Initials

ARTICLES OF INCORPORATION
OF
FAMILY PEST CONTROL OF CENTRAL FLORIDA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Family Pest Control of Central Florida Inc.

The principal place of business of this corporation shall be: 10825 S Power Ave Floral City FL 34436

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares, \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS AND DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

President, Treasurer, and Secretary -- Debra Van Fleet

ARTICLE VI INCORPORATOR(S)

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

Debra Van Fleet 10825 S Power Ave Floral City FL 34436

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 27th day of FEBRUARY 1998.

Signature(s) of Incorporator(s)

Debra Van Fleet
Deborah Van Fleet
DEBORAH VAN FLEET (CORRECT SPELLING)

STATE OF FLORIDA
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this day of 27th day of February

, 1998, Debra Van Fleet
(Name of Incorporator)

(Name of

Incorporator)

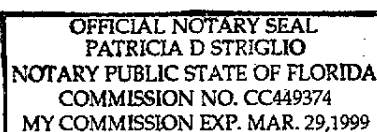
whom are:

personally known to me -- or
have shown the following identification

FLDL # V514-1108-52-877-0

Notary Public:
Patricia D. Striglio
Patricia D. Striglio
(SEAL)

My commission expires: 3/29/99



**CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: Family Pest Control of Central Florida, Inc.

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

Debra Van Fleet
10825 S Power Ave
Floral City, FL 34436

Debra Van Fleet *Deborah Van Fleet*
SIGNATURE
(Corporate Officer)

TITLE

DATE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

Debra Van Fleet *Deborah Van Fleet*
SIGNATURE
(Registered Agent)

DATE

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TALLAHASSEE, FLORIDA