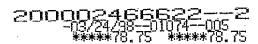
P9866627808

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

SUBJECT:



	(Hoposea corpor	ate name - must menuge su	1112)	
Enclosed is an origina	al and one(1) copy of the articles	s of incorporation and a	check for :	
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\$70.00	☎ \$78.75	□\$122.50	\$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate	& Certified Copy	Certified Copy	
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		ADDITIONAL CO	PY REQUIRED	
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	Name (F)	mted or typed)		
	P.O. Box 11040	1 1		
		ddress	·	
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	TALM BAY	, FL. 3290	7 - 9993	
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NOTE: Please provide the original and one copy of the articles.

ne 3/25/98

FILED

ARTICLES OF INCORPORATION

98 MAR 24 PM 2: 39

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALL COUNTY PEST CONTROL, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 110401,

PALM BAY, FL. 32907-9993

ARTICLE III SHARES

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

100 (one hundred)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

1435 Alberni St., N.W. Palm Bay, F1. 32907

JAMIE CULEN,

ARTICLE V INCORPORATOR

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

KOBERT W. CULLEN P.O. BOX 110401

PALM BAY, FL. 32907 - 9993

Signature/Incorporator

Data

(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