

Charter Number Only

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VALUATION ONLY

Requester's Name
Address
City State ZIP Phone

600002789936--2
-03/01/99--01033--001
*****78.75 *****78.75

CORPORATION(S) NAME

Everglades Pest Systems, Inc.



Empire Toll Free: 1-800-432-3028

FILED
99 MAR - 1 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
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- Amendment
- Dissolution
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- Reservation
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- Will Wait
- Merger
- Mark
- Other
- Change of Registered Agent
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W.P. Verifier

Cert. Copy
399A-9233

ARTICLES OF INCORPORATION

of

EVERGLADES PEST SYSTEMS, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

EVERGLADES PEST SYSTEMS, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	FRANKIN B. HEALTON		
ADDRESS	1800 W. RIVER DR.		
CITY	MARGATE	FLORIDA	ZIP 33063

The principal office, if known, or the mailing address of the corporation is:

NAME	EVERGLADES PEST SYSTEMS, INC.		
ADDRESS	1800 W. RIVER DR.		
CITY	MARGATE	FLORIDA	ZIP 33063

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	FRANKLIN B. HEALTON		
ADDRESS	1800 W. RIVER DR.		
CITY	STATE	ZIP	
MARGATE	FL.	33063	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	EVERETT'S PEST SYSTEMS, INC FRANKLIN B. HEALTON		
ADDRESS	1800 W. RIVER DR.		
CITY	STATE	ZIP	
MARGATE	FL	33063	
NAME			
ADDRESS			
CITY	STATE	ZIP	
NAME			
ADDRESS			
CITY	STATE	ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this _____ day of FEB. 26, 1999.

Frank B. Heaton (Seal)
 _____ (Seal)
 _____ (Seal)

CERTIFICATE AND KNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

EVERGLADES PEST SYSTEMS, INC.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at ~~EVERGLADES PEST SYSTEMS, INC.~~
1800 W. RIVER DR. MARGATE, FL. 33063

has named FRANKLIN B. HEALTON
located at the aforesaid address, as its Registered Agent to accept service of process within
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the obliga-
tions of that position, I hereby accept to act in this capacity, and agree to comply with the
provisions of Florida Law in keeping open said office.

Franklin B. Heaton
(registered agent)

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TALLAHASSEE FLORIDA