(SAMPLE LETTER OF TRANSMITTAL)

DATE DECEMBER 15, 1999

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

600003074836—6 -12/20/99--01065--003 *****122.50 *****78.75

Re: BUGS GALORE PEST CONTROL COMPANY (Name of Corporation) , Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

AUTHORIZATION BY PHONE TO CORRECT AT THE DATE 12/27 DOC. EXAM BC

Bugs Galore Pest Control Co
(Name of Corporation)

Miami Lakes, Fl. 33014

PHONE

(305) 828 = 0337

Area Code Number Ext.

ARTICLES OF INCORPORATION

of

BUGS GALORE PEST CONTROL COMPANY

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - COR	PORATE NAME	7					
The name of the corporation is:		ALLC SICC					
BUGS GALORE PEST CONTROI	COMPANY						
ARTICLE II - This corporation shall exist perpetually unless dissolved acc		20 PM 1:4					
ARTICLE III	- PURPOSE	DE 6					
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							
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the mailing address is: STREET ADDRESS 6901 Holly Road, Miami Lakes, Fl. 33014							
The state of the s	1007 111 33014	*					
CITY MIAMI LAKES	FLORIDAFL.	ZIP 33014					
Mailing address, if different							
STREET ADDRESS P. O. BOX 4101	<u>, , , , , , , , , , , , , , , , , , , </u>						
CITY MIAMI LAKES,	FLORIDA FL.	ZIP33014					
ARTICLE VI - INITIAL REGIST	ERED OFFICE AND AGE	ENT					
The street address of the initial registered office and the name of the initial registered agent at the office is:							
NAME ROBERT R. REESE		stod agont at the office is.					
ADDRESS 6901 HOLLY ROAD,	· · · · · · · · · · · · · · · · · · ·						
CITY MIAMI LAKES,	FLORIDA FL.	ZIP 33014					

but shall never be less than one	(1). The names and
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STATE FL.	-ZIP 33014
	-
STATE XX	ZIP XX
STATE XX	ZIP XX
	<u> </u>
STATE FL.	ZIP 33014
STATE XXX	ZIP XX
	•
STATE XX	$\mathrm{ZIP}_{\mathrm{XX}}$
es of Incorporation this1	15th
19 <u>99</u>	_ *
C A Do	
	STATE XX CORPORATORS les of Incorporation are as follow STATE FL. STATE XXX

(Signature)

(Signature)

XXXXXXX

xxxxxxxx

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

99 DEC 20 PH 1:46
SELVETARY OF STATE
TALLAHASSEE, FLORIDA

BUGS GALORE PEST CONTROL COMPANY

(name of corporation)

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

at 6901	Holly Road	<u> </u>	 		<u></u> -	T
Miami	Lakes, Fl.	33014	 <u> </u>	····	·	
has named _	Robert R.	Reese	 · · · · · · · · · · · · · · · · · · ·	- = -	 	

located at the aforesaid address, as its registered agent to accept service of process within this state.

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.

December 15, 1999
(Signature) (Date)