

U25005066246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

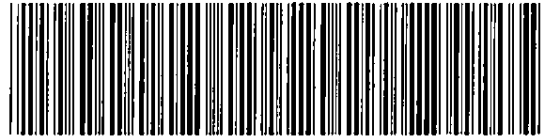
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/30/25--01005--015 **125.00

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: PRO-STAFF PEST SOLUTIONS, LLC.

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK H. RUFF, ESQ.

Name of Person

THE LAW OFFICES OF MARK H. RUFF, P.A.

Firm/Company

165 SABAL PALM DRIVE, STE. 135

Address

LONGWOOD, FL 32779

City/State and Zip Code

bobwelch1@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark H. Ruff, Esq. 407 951-6679

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO-STAFF PEST SOLUTIONS, LLC.

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3601 Douglas Avenue
Des Moines, IA 50310

Mailing Address:

6211 Edgewater Drive, Suite B
Orlando, FL 32810

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert Welch, Jr.

Name

1780 Braackenhurst Place

Florida street address (P.O. Box **NOT** acceptable)

Lake Mary

FL


32746

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

Name and Address:

PRO-STAFF TERMITE & PEST CONTROL OF IOWA, LLC

3601 DOUGLAS AVE

DES MOINES, IA 50310

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ROBERT WELCH JR.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



LAW OFFICES of MARK H. RUFF, ESQ.

165 Sabal Palm Drive, Suite 135, Longwood, FL 32779
Phone: 407.951.6679 | Fax: 407.951.6678

Mark H. Ruff, Esquire
mark@mhrlaw.com

Leslie Thomas, Esquire
leslie@mhrlaw.com

January 21, 2025

Via USPS Priority Mail

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: New Filing – Domestic Limited Liability Company
Pro-Staff Pest Solutions, LLC.

Dear Sir or Madam,

Enclosed herewith for processing, please find the following:

1. Cover Letter,
2. Articles of Organization for Florida Limited Liability Company, and
3. Check No. 5189, totaling \$125.00 to cover the filing fee.

Please contact me with any questions or concerns.

Respectfully submitted,

A handwritten signature in black ink that reads 'Lillian Garcia'.

Lillian Garcia,
On behalf of Mark H. Ruff, Esq.

/lg

cc: Robert Welch Jr.