# 424000001834

(Requestor's Name)						
(Address)						
(Address)						
<del>, ,,,</del> (	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						





900426170449

03/26/24: -01007--013 \*\*\*87.50

RECEIVED

MAR 2 5 2024



### **COVER LETTER**

то:	O: Registration Section Division of Corporations					
SUBJE	ECT: SLM Waste	& Recycling Services, Inc.				
		Name of corporation	n - must ii	nclude suffix	<del></del>	
Dear Si	r or Madam:					
"Certifi	cate of Existence.	n by Foreign Corporation for "or "Certificate of Good Star corporation to transact busing	nding" an	d check are subn		
Please r	eturn all correspoi	ndence concerning this matte	r to the fo	llowing:		
Jim Stau	ıffer					
		Name of	Person			
SLM W	aste & Recycling Se	ervices, Inc.				
		Firm/Cor	npany	_		
5000 Co	ommerce Drive					
	-	Addı	ress			
Green L	ane, PA 18054					
		City/State a	and Zip co	ode		
jstauffer	@slmwaste.com					
		E-mail address: (to be used	for future	annual report no	otification)	
For furt	her information co	oncerning this matter, please	call:			
Jim Stau	Jim Stauffer at ( 267 ) 429-7413					
	Name of Person	Area Coo	ie —	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please m	nake check payable (	e following amount: to: FLORIDA DEPARTMEN'  \$78.75 Filing Fee & Certificate of Status	□ \$78.75	TE Filing Fee & ed Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(State or country under the law of which it is incorporated)  02/18/1998 5.  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  5000 Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System	ame unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  3. 23-2950805 ate or country under the law of which it is incorporated)  (FEI number, if applicable)  18/1998  5. (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)
State or country under the law of which it is incorporated)   State or country under the law of which it is incorporated)   (FEI number, if applicable)	3. 23-2950805 ate or country under the law of which it is incorporated)  (FEI number, if applicable)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)
(State or country under the law of which it is incorporated)  02/18/1998 5.  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  5000 Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System	(Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  5000 Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System	(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  5000 Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System	(Date of incorporation)  (Date of duration, if other than perpetual)  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)
(Current mailing address, if different)  Name: CT Corporation System  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  PH  Name: CT Corporation System	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)
(Current mailing address, if different)  Name: CT Corporation System  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Participal office street address)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)  (CT Corporation System	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)
(Current mailing address, if different)  Name: C T Corporation System  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  (Principal office street address)  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  Commerce Drive, Green Lane, PA 18054  (Principal office street address)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)
(Current mailing address, if different)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System	(Current mailing address, if different)  (Current mailing address, if different)  P  ne and street address of Florida registered agent: (P.O. Box NOT acceptable)
(Current mailing address, if different)	(Current mailing address, if different)  (Current mailing address, if different)  P  ne and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT Corporation System	ne and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System	ne and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: CT Corporation System  CT Corporation System  CT Corporation System	ne and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: C T Corporation System C	
Name: C T Corporation System	
ffice Address: 1200 South Pine Island Road	1200 0 3 0 11 10 1
	Address: 1200 South Pine Island Road
Plantation , Florida 33324	Plantation , Florida 33324
(City) (Zip code)	(City) (Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	• •						
□Chairman	Name: Rebecca Clouser	□Chairman	Name: Rich Hipp				
□Vice Chairman	Address: 5000 Commerce Drive	□Vice Chairman	Address: 5000 Commerce Drive				
□Director	Green Lane, PA 18054	□Director	Green Lane, PA 18054				
President		□President					
□Vice President	·	□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	Other	Other CEO	□Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	□Other	□Other	□ Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	<del></del>	□Director	<del></del>				
□President		□President					
□Vice President		□Vice President	<del>.</del>				
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other	Other	□Other	□Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) aftirms that the facts stated herein are true and that he or she is aware that 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.

13 Rebecca Clouser

#### **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: SLM WASTE & RECYCLING SERVICES INC.

Request Type: Subsistence Certificate Issuance Date: March 15, 2024

**Request No.:** 032290425 File No.: 0002800788

**Receipt No.:** 000955992

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: February 18, 1998

Status: Active

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

#### I DO HEREBY CERTIFY THAT

#### SLM WASTE & RECYCLING SERVICES INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Secretary of the Commonwealth

Men Sehm

Verify this certificate online at www.file.dos.pa.gov