

L10000020344

(Requestor's Name)

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(Address)

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Effective Date 02/17/10

02/23/10--01015--028 \*\*100.00

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10 FEB 22 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 23 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: National Grease Recovery 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:

**Morton Ginsberg**  
Name of Person

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**National Grease Recovery LLC.**  
Firm/Company

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**4001 North Ocean Blvd. Suite #1208**  
Address

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**Boca Raton Florida 33431**  
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Morton Ginsberg** at ( **646** ) **338-4000**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

National Grease Recovery LLC.

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

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4001 North Ocean Blvd. Suite #1208  
Boca Raton FL 33431

4001 North Ocean Blvd. Suite #1208  
Boca Raton FL 33431

**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.)

Effective Date 02/17/10

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

Morton Ginsberg

Name

4001 North Ocean Blvd. Suite #1208

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

Boca Raton FL 33431 FL

City, State, and 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 608, F.S.*

*Morton Ginsberg*

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Morton Ginsberg  
4001 North Ocean Blvd. Suite #1208  
Boca Raton FL 33431

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2/17/10 (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.)

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Morton Ginsberg  
\_\_\_\_\_  
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)