(Requestor's Name)
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<i>,</i>
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K. SALY EXAMINER JUN 1.2 2012

COVER LETTER

Division of Cor				
SURJECT. Bedroo	ck Resource Re	covery, L	.LC	
Sold Ect.		ted Liability Co		
The enclosed Articles of	Organization and fee(s) are	submitted for f	iling.	
	ndence concerning this mat			
r lease return an correspo	ndence concerning this mat	ter to the follow	ving.	
F. Presco	tt Ward			
		Name of Person	1	
Bedrock F	Resource Recov			
		Firm/Company		
500 Orland	do Boulevard			
		Address		
Indialantic, F	FL 32903			
		y/State and Zip (Code	
fpward@msr				
	E-mail address: (to be used t		report notification)	
For further information co	oncerning this matter, please	e call:		
Scott Ward		at (321	952-4085	•
Name of	Person	Area C	Code & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Tiling Fee & [Copy 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	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation in Building Executive Center passee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



Bedrock Resource Recovery, LLC

(Must end with 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:	Maning Address:	
500 Orlando Boulevard Indialantic, FL 32903	500 Orlando Boulevard Indialantic, FL 32903	
(The Limited Liability Company cannot serve as it business entity with an active Florida registration.		
The name and the Florida street address	ss of the registered agent are:	製工工
F. Prescott Wa	ird	SSE TO THE
	Name	所会 3 C
500 Orlando	o Boulevard	图 3
Florid	da street address (P.O. Box NOT acceptable)	음년 3
Indialantic	_{FL} 32903	*
	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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

MGR	F. Prescott Ward
	500 Orlando Boulevard
	Indialantic, FL 32903
	
	
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	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -
- W H	
(Use attachment if necessary)	
• ,	
LE V: Effective date, if other than t	the date of filing: June 6, 2012 . (OPTIC

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. 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.)

F. Prescott Ward

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)