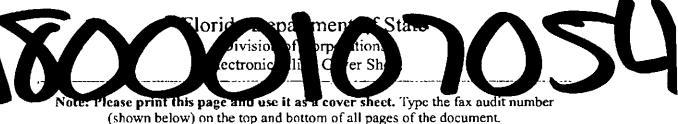
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

TLAHASSEE FLORID

## FLORIDA LIMITED LIABILITY CO.

## Meridian Waste Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Electronic Filing Menu

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## ARTICLESOF ORGANIZATION FOR PLORIDALIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: MeridianWasteFlorida, 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: Mailing Address: 1010VillageParkLane 1010VillageParkLane Suite 103 Suite 103 Greensboro, GA30642 Greensboro, GA30642 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:

CT CorporationSys	item	
	Name	
1200 SouthPineIsl	andRoad	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324
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. Thereby 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.,

> C TCorporationSystem By: Michael E. Jones, Asst. Secretary
>
> Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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