3212069743 22-Nov-2022 09:57 Expertax Financial p.1

H22000397504 3

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000397504 3)))



H220003975043ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Comporations

Fax Number : (850)617-6381

From

Account Name : EXPERTAX Account Number : 120200000010 : (407)777-7470 Phone Fax Number : {321)286-9743

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. **DUMPSTERS 24/7 LLC**

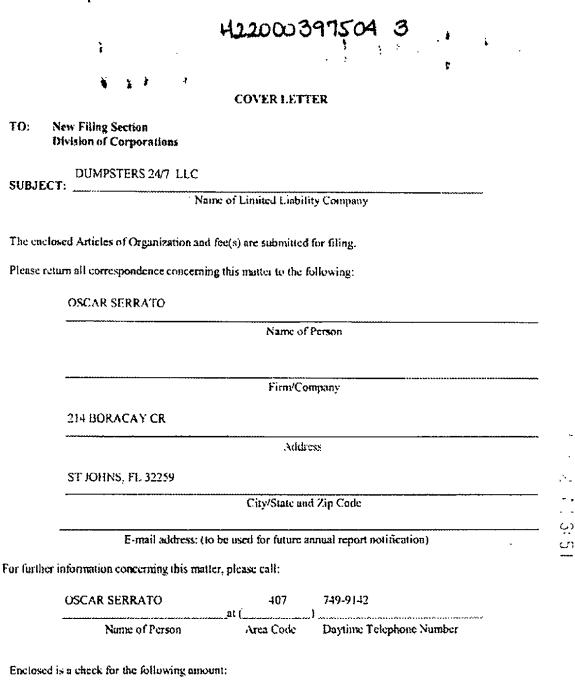
Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help





Mailing Address

☐\$125.00 Filing Fee

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

■\$130.00 Filing Fee &

Certificate of Status

Street Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

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

□\$160.00 Filing Fee.

Certificate of Status &

(additional copy is enclosed)

Certified Copy

H22000397504 3

ARTICLES OF ORGANIZATION FOR FEORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
DUMPSTERS 24/7 I				
(Must const	in the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Limited Lis	ibility Company is:	
Princips	Office Address:		Mailing Address:	
214 BORACAY CR ST JOHNS, FL 32259			214 BORACAY CR ST JOHNS, FL 32259	

ARTICLE III - Registered Age: (The Limited Liability Company- another business entity with an ar- The name and the Florida street a	cannot serve as its own ctive Florida registration ddress of the registered	Registered Agent. You DL) dagent are:		l or
	OSCAR SERRATO	Name		
	OLI DODACAV CE			
	214 BORACAY CR Florida street addres	s (P.O. Box <u>NOT</u> acce	ptable}	
	ST JOHNS	FLORIDA	32259	4%
	City	State	Zip	_
Having been named as registered a place designated in this certificate, further agree to comply with the pre am familiar with and accept the obt	l hereby acrospi the app wisions of all statutes r leations of my postition	volniment as registered a relating to the proper an	igent and agree to act in this of decomplete performance of my provided for in Chapter 605. F	ropacity, $I \in \subseteq$ y duties, and $I \in \square$
		(CONTINUED)		

H22000397504 3

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MBR	OSCAR SERRATO 214 BORACAY CR ST JOHNS, FL 32259	- -
MBR	WILLIAM M. MOGOLLON 3469 W VINE ST KISSIMMEE, FL. 34741	
(Use attachment if necessary)		د.
CLE V: Effective date, if other than the effective date is listed, the date unust ite of filing.) If the date inserted in this black does	e date of filing: 01/01/2023 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no ment of State's records.	0.0
CLE V: Effective date, if other than the effective date is listed, the date unist late of filing.) If the date inserted in this block does nonment's effective date on the Depart	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	0.0
CLE V: Effective date, if other than the effective date is listed, the date unust late of filing.) If the date inserted in this block does become it's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no	0.0
CLE V: Effective date, if other than the effective date is listed, the date unust late of filing.) [If the date inserted in this block does ocument's effective date on the Department's effective date on the Department's effective date on the Signature of This document is of an aware that any	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will noment of State's records.	0.0
ICLE V: Effective date, if other than the effective date is listed, the date unust ate of filing.) If the date inserted in this block does ocument's effective date on the Department's effective date effective date on the Department's effective date on the Department's effective date effetive date effective date effetive effetive date effetive date effetive effetive date effeti	o S Ta member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State.	0.0

11 42 MON 20TC 0 0