

PO1000017594

TRANSMITTAL LETTER

FILED

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

01 FEB 15 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

500003706195--4  
-02/16/01--01006--005  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: MEDICAL WASTE CONSULTANTS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: GREGORY A. ALBERT  
Name (Printed or typed)

1485 BUGLE LN.  
Address

CLEARWATER, FL, 33764  
City, State & Zip

(827) 524-9119  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

*Dewey*  
2/16/01  
2 ✓

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

ARTICLE I NAME

The name of the corporation shall be: **MEDICAL WASTE CONSULTANTS INC** FEB 15 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **705 3RD AVE N.E.  
LARGO, FL, 33770**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TRANSPORTATION AND CLEAN-UP  
OF MEDICAL WASTE FROM A SPECIFIED  
SITE TO THE CLOSEST APPROPRIATE  
MEDICAL WASTE INCINERATOR.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

**JOHN C. GIORDANO  
705 3RD AVE N.E.  
LARGO, FL, 33770**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**GREGORY A. ALBERT  
1485 BUGLE LN.  
CLEARWATER, FL, 33764**

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

John C. Giordano  
Signature/Registered Agent **JOHN C. GIORDANO**

02/09/01  
Date

Gregory A. Albert  
Signature/Incorporator **GREGORY A. ALBERT**

02/09/01  
Date