Nowight Fauls Requester's Name	0000)DDUDD1	
Address Address Auverne A L 36844 City/State/Zip Phone #	34.335. 4081	000003440: -10/26/000: *****78.75	3907 1017027 *****78.75
	 	Office Use Only	•
CORPORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):	
Bis Wheel Record	in In	,	
(Corporation Name)	(Document	f)	··• •
2. (Corporation Name)	(Document #	*)	٠.
3. (Corporation Name)	(Document #	#)	· · ·
4. (Corporation Name)	(Document)	· #
Walk in Pick up time	- - -	Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	;
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		of R.A., Officer/Director	APPROVED FILED OF 26 PM P: 33
OTHER FILINGS	REGISTRATIO	N/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Parts Reinstatemer Trademark Other		
CR2E031(7/97)		Examiner's Initials	1000 July

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Big V	Theel Recycling, Inc.			
words or abb	poration; must include the word "INCORPO reviations of like import in language as will on the or partnership if not so contained in the name	learly indica	cate that it is a corporation instead of a	
2Alaba		3	63-1142370	
(State or coun	try under the law of which it is incorporated)		(FEI number, if applicable)	
43/15/	95 <i>5.</i>	N/A	Year corp. will cease to exist or "perpetual")	
(D	ate of incorporation)	(Duration: `	Year corp. will cease to existor "perpetual")	
6. <u>Non</u>	e at present time			
(Date fir	st transacted business in Florida.) (SEE SEC	TIONS 607	7.1501, 607.1502 and 817.155, F.S.)	
7. P.O.	Box 658, Luverne, Al 36049			
	·			
	(Current mailing a	ddress)		•
8. <u>C/D I</u>	andfill (To receive disposa	ble con	nstruction and debris material)	
(Ригроя	(s) of corporation authorized in home state of	or country to	o be carried out in state of Florida)	
9. Name and st	reet address of Florida registered age	nt: (P.O. B	Box or Mail Drop Box <u>NOT</u> acceptable)	
	·		<u> </u>	
Name:	C T Corporation System			
Office Address:	1200 South Fine Island Road			
	Plantation		Florida, 33324	
			(Zip code)	
IO Desistanti			= 0	
10. Kegisteren	agent's acceptance:		ALL ALL	
this application, I	hereby accept the appointment as registered	d agent and	for the above stated corporation at the place designated in I agree to act in this capacity. I further agree to comply	
with the provision	s of all statutes relative to the proper and co my position as registered agent.	mplete perf	formance of my duties, and I am familiar with and accept	
the obligations of	C T Corporation System	CON	NME BRYAN	#J5
		SPEC	CIAL ASSISTANT SECRETARY OS 5	
	(Registered agent			~
11. Attached is a	ertificate of existence duly authenticated, no	t more than !	190 days prior to delivery of this application to the	

which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FLD19-9/2/99 C T Symmon Online

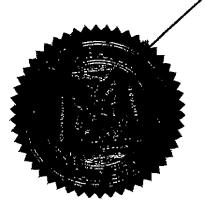
X

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the domestic corporation records on file in this office disclose that Big Wheel Recycling, Inc. incorporated in Montgomery County, Hope Hull, Alabama on March 16, 1995. I further certify that the records do not disclose that said Big Wheel Recycling, Inc. has been dissolved.

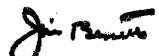
SECREPANT OF STATE SECREPANT OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

October 26, 2000

Date



Jim Bennett

Secretary of State

A. DIR	ECTORS (Street address only - P.O. Box NOT acceptable)			
Chairma	n:			
Address				
				 -
Vice Cha	airman:			 .
Address:				a chialele
Director:				
Address:				
		_		
Director:			· · · · · · · · · · · · · · · · · · ·	
B. OFF	ICERS (Street address only - P.O. Box NOT acceptable)			
President	Linda West			 .
Address:	2422 McLeod Road, Goshen, Al 36035			
	•			_
Vice Pres	ident: Pamela Ferraro			
Address:	2302 Haven Crest Drive, Chattanooga, TN 37421		-	
		I AEC	- 공 - 공	
Secretary:	Tiffany Fussell	AHAS AHAS		
Address:	3683 Bowden Road, Honoraville, Al 36042		_ . ე	Ę
		고 (2)		
Treasurer:	Tiffany Fussell		 ယ ယ	
Address:	3683 Bowden Road, Honoraville, Al 36042			
-				
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.			
13	Lenda West			
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)			
14	Linda West, President (Typed or printed name and capacity of person signing application)			_
	(1) her or bernied marie and cabacity or betson arknut abbiteagon)			