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INTEGRATED WASTE SOLUTIONS

"Expertise Providing Logical Answers"

Larry Nesler
President

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Tampa, FL 33647

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☐ PICK-UP

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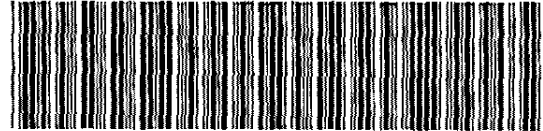
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Letter of release from
POA-112898 included.
-Walt

6004-17209

04 MAY -4 PM 2:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Waste Solutions, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Larry Nesler
(Name of Person)
Integrated Waste Solutions
(Firm/Company)
P.O. Box 46655 // 17625 NATHANS DR.
(Address)
Tampa FL 33647
(City/State and Zip code)

For further information concerning this matter, please call:

Larry Nesler at (813) 994-3230 Phone/FAX
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

Integrated Waste Solutions

P.O. Box 46655, Tampa, FL

813-690-2835/813-994-3230; email larry@integratedwastesolutions.com

Wednesday, May 05, 2004

VIA FACSIMILE

Department of Corporations
Registration Division
Ms. Brenda Tadlock
PO Box 6327
Tallahassee, FL 32314

Dear Ms Tadlock,

I want to thank your very much for your assistance in aiding me to get the registration done for our fledgling little company. The past couple of years have been a great challenge for us to get back on our feet again after loosing our jobs.

The company that we started just after I got laid off in October of 2002 was named Integrated Waste Solutions and incorporated in the state of Florida. However, because of the economic climate, we could not make a sustained effort and basically did no business under that company, thus the corporation was dissolved. Integrated Waste Solutions of Florida was the beginning of my company now. We decided to incorporate in Mississippi because of my legal associates who are resided there and I personally have property there that may be part of our business in the near future.

Will you please release the name of my old company so that I may use it in our current endeavor.

Please let me know if there is anything else that you shall need to get this accomplished.


Larry Nesler

President
Integrated Waste Solutions

813-994-3230
813-690-2835

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. Integrated Waste Solutions Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Mississippi 3. 02-0648342
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02/16/2004 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 17625 NATHANS DR / P.O. Box 46655
(Principal office address)
P.O. Box 46655, Tampa FL 33647
(Current mailing address)

8. Distribution for equipment, consulting services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: LARRY NESLER

Office Address: 17625 NATHANS DR
TAMPA FL 33647, Florida 33647
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Larry Nesler
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -4 PM 2:06

A. DIRECTORSChairman: LARRY NESLERAddress: 17625 NATHANS DRTAMPA FL 33647Vice Chairman: Dottie NeslerAddress: 17625 NATHANS DRTAMPA FL 33647

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERSPresident: LARRY NESLERAddress: 17625 NATHANS DRTAMPA FLVice President: Dottie NeslerAddress: 17625 NATHANS DRTAMPA FL 33647

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.13. Larry Nesler

(Signature of Director or Officer listed in number 12 of the application)

14. LARRY NESLER, Chairman - Board of Directors

(Typed or printed name and capacity of person signing application)

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on February 16, 2004, the State of Mississippi issued a Charter/Certificate of Authority to:

INTEGRATED WASTE SOLUTIONS INCORPORATED

That the state of incorporation is MISSISSIPPI.

That the period of duration is 99 years.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand
and seal of office
April 29, 2004

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK
Secretary of State