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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 : (770)777-2091 Phone

Fax Number : (770)220-1943

## FOREIGN PROFIT/NONPROFIT CORPORATION

Waste Pro of Georgia, Inc.

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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### **COVER LETTER**

TO: New Filing Section Division of Corporations	·
SUBJECT: Waste Pro of Georgia, Inc.	
	ration - must include suffix)
Doar Sir or Madam:	
	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
Sandra Blake	
(Nam	e of Person)
Greenberg Traurig, LLP	
	/Company)
3290 Northside Parkway, Suite 400	
and the state of t	Address)
Atlanta, GA 30327	
	ate and Zip code)
For further information concerning this matter, plea	se call:
Sandra Blake	8 553-2185
(Name of Person) (A	rea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

04/13/2009 10:35

### (((H090000865793)))

#### 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.

	of Georgia, Inc.			
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
	· · · · · · · · · · · · · · · · · · ·			
n/a			-	<del></del>
	ilable in Florida, enter alternate corporate name a	<u>-</u>	ess in Flo	rida)
2. Georgia		86-1055586		
·	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. February 2		Perpetual		
	e of incorporation)	(Duration: Year corp. will cease to exist o	r "perpetu	al")
5. Upon filing	g of this application			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
. 2101 West	State Road 434, Suite 315, Longwo			
/ ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	(Principal office addre	288)	D G	9
2101 West	, ,	,	Po:	)9 <b>%</b> ?
2101 West	(Principal office address (Principal office address (Principal office address (Principal office address (Current mailing address)	ood, FL 32779	ALCON TO	)9 ====================================
	State Road 434, Suite 315, Longwo (Current mailing addre	ood, FL 32779	ALLANASSI ALLANASSI	)9 <u>유민</u> 13
B. Waste reme	State Road 434, Suite 315, Longwo (Current mailing addre	ood, FL 32779	ALLAMASSEE.	<u></u>
3. Waste reme	State Road 434, Suite 315, Longwo (Current mailing addre	ood, FL 32779	SECON PORT OF ST	<u></u>
3. Waste reme	State Road 434, Suite 315, Longwo (Current mailing addre	ntry to be carried out in state of Florida)	ALLAHASSEE FLORI	APR 13 PH 2:1
8. Waste reme	State Road 434, Suite 315, Longwo (Current mailing address)  oval services  s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	SECOLORIDA ALLAHASSEE FLORIDA	<u></u>
B. Waste reme (Purpose)  O. Name and stree  Name:	State Road 434, Suite 315, Longwo (Current mailing address) of corporation authorized in home state or council address of Florida registered agent: (P.O.	ntry to be carried out in state of Florida)	SECONDARIASSEE FLORIDA	APR 13 PH 2:1
8. Waste reme (Purpose) 9. Name and stre	State Road 434, Suite 315, Longwo (Current mailing address) of corporation authorized in home state or councet address of Florida registered agent: (P.O. Robert J. Hyres	ntry to be carried out in state of Florida)	ALLAHASSEE FLORIDA	APR 13 PH 2:1

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.

Robert J.	yres /	
By:	otel	
ı	(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.

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

A. DIRECTORS	
Chairman: John J. Jennings	
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	
Vice Chairman:	
Address:	·
Director:	·
Address:	
Director: Robert J. Hyres	
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	
B. OFFICERS	9 API
President: John J. Jennings	Trê 20 pages a
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	93 <b>Q</b> 93
	- ), TIE ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Vice President: Robert J. Hyres	
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	<u> </u>
Secretary: Robert J. Hyres	
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	
Treasurer: Donald F. Phillips	
Address: 2101 West State Road 434, Suite 315, Longwood, FL 32779	
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs and/or directors.
13. (Signature of Director or Officer listed in number 12 of the application	)
14. Robert J. Hyres Executive Vice Preside	nt
(Tuned as weinted appearance of paragraphic amplication)	

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Control No. 0312618

# STATE OF GEORGIA

# Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

# **CERTIFICATE** OF **EXISTENCE**

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### WASTE PRO OF GEORGIA, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 02/25/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 23rd day of February, 2009

> Karen C Handel Secretary of State

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Certification Number: 3560058-1 Reference; (117168.010200) Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp