18000001331

(Rec	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000310502220

03/20/18--01017--017 **87.50

2010 MAR 20 PH 1: 01

M. MILLIGAN MAR 2 0 2018

COVER LETTER

TO: Registration Section Division of Corporations			
Waste Masterfine SUBJECT:			
	of corporation	ı - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Concertificate of Existence," or "Certificate above referenced foreign corporation to	te of Good Sta	nding" and check are subm	
Please return all correspondence concer JOHNNY MCCRAY	ning this matte	r to the following:	
	Name of	Person	
	Elem/Con		
1117 WEST 20TH STREET	Firm/Con	прану	
	Addr	ess	
JACKSONVILLE FL 32209			
	City/State a	ind Zip code	
MAPDSLLC@GMAIL.COM	(A- bd	for future annual report no	4:47
rs-man addre	ss: (to be used	for future annual report no	anication)
For further information concerning this	matter, please	call:	
JOHNNY MCCRAY	904	3108476	
Name of Person	at (Area Cox	de Daytime Telepho	one Number
STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following ar	mount:		
□ \$70.00 Filing Fee □ \$78.75 Fili Certificate		3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

WASTE MAST			
	orporation; must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,	* -
me co., c	office co. or corp.)		
11/00-	MASTERS INC OF FLORIDA		
	able in Florida, enter alternate corporate name ado		business in Florida)
Delaware	·	82-4440948	
2. (State on country	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/19/2018	y under the law of which it is incorporated)	(Fin humber, it app	neadicy
4	5		
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
6			
	(Date first transacted business in Fl	orida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability	y)
7. 9651	Walton Oaks Lane	- Jacsonville	FC 32221
		office address)	
	(Current mailing a	ddress, if different)	• •
	, , , , , , , , , , , , , , , , , , ,		- 1 25
2 Nome and street	et address of Florida registered agent: (P.O. I	Pov. NOT acceptable)	TALLAHASS
o. Maine and <u>stree</u>		sox <u>NOT</u> acceptable)	420
Name:	Johnny McCray	<u></u>	20
	1117 W. 20th Street		SE
Office Address:			E P
	jacksonville	32209 , Florida	50
	(City)	(Zip code)	
	• • •	• •	<u> </u>

9. 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:	FILED
A. DIRECTORS	Solow ED
Chairman: Marty Barker	Tide MARZO T
5800 Ricker Road Address:	LABIAN MICH
Jacksonville, Florida 32244	CE ESTA
Deborah Barker Vice Chairman:	-110 ₂
9651 Walton Oaks Lane Address:	,
Jacksonville, Florida 32221	
Jonathan Graham Director:	
8785 Moss Haven Dr. Address:	
JAcksonville, Florida 32221	
Director:	
Address:	
B. OFFICERS	
President:	· · · · · · · · · · · · · · · · · · ·
Address:	
Vice President:	
Address:	. L. LLEGE SU V
	 .
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing ad 12.	ditional officers and/or directors.
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 al are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S.	pove) affirms that the facts stated herein
Marty Barker Owner	

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WASTE MASTERS INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D.

2018.

Authentication: 202145753

Date: 02-13-18