(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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700451963037

JUL 25 2025 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 457714 7264878

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE: July 23, 2025

ORDER TIME : 2:15 PM

ORDER NO. : 457714-015

CUSTOMER NO: 7264878

FOREIGN FILINGS

NAME: CALL2RECYCLE STEWARDSHIP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

TO:	Registration Section Division of Corporations
CHDI	ECT: Call2Recycle Stewardship, Inc.
SUDJ	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Please reference attached information
	Name of Person
	Firm/Company
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address: Registration Section Street Address: Registration Section
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303
	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE
	0.00 Filing Fee \$\Box\tag{\text{\$\sigma}\text{\$\text{\$\sigma}\text{\$\}\$}}\$}\$}}\$}}}\$}}}}}}}}}}}}}}}}}}}}}}

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

	il III i El i I	h in aga in	Florida	
(It name unava	ailable in Florida, enter alternate corporate name adopted for the purpose of transaction	ng business in	rioria	3)
Georgia	ntry under the law of which it is incorporated) (FEI number, if appli			
(State or cour	ntry under the law of which it is incorporated) (FEI number, if appli	cable)		
04/03/2023	Date of Incorporation) 5. (Date of duration, if other	than nemetu	2))	_
(L	Date of Incorporation) (Date of duration, it other	man perpetu	ai <i>)</i>	
(Date first cond	lucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to	determine pe	nalty lia	bility.)
			•	•
3060 Mercer L	Jniversity Dr, Ste 110 # 656 Atlanta, GA 30341 (Principal office street address)			_
	(Trincipal office <u>street</u> address)			
			_	_
	(Current mailing address, if different)	·		
	•			
Provide public	•	ttery recyclin	g soluti	on:
Provide public	(Current mailing address, if different) e education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florid	ttery recyclin	g solution 2025	on:
	education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Floric	ttery recyclin la)	g solution 2025 JL	on: —
	•	ttery recyclin	g solution 2025 JUL 2	on:
. Name and <u>str</u>	education & awareness, accessible collection, & producer responsibility for safer bacorporation authorized in home state or country to be carried out in the state of Floridated address of Florida registered agent: (P.O. Box NOT acceptable)	:• ;	solution sol	
. Name and <u>str</u> Name:	education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company	; ;-; ;-t;	25 JUL 24	
. Name and <u>str</u> Name:	education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company	; ;-; ;-t;	25 JUL 24	on: TLED
. Name and <u>str</u> Name:	education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company	; ;-; ;-t;	25 JUL 24	on:
. Name and <u>str</u> Name:	e education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street	; ;-; ;-t;	25 JUL 24	on: FILED
Name and str Name: office Address:	c education & awareness, accessible collection, & producer responsibility for safer bar corporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida 32031 (City) (Zip Code)		25 JUL 24 AH 10: 13	FLED 2380
Name and str Name: ffice Address: 0. Registered	c education & awareness, accessible collection, & producer responsibility for safer ba corporation authorized in home state or country to be carried out in the state of Florida reet address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida 32031 (City) d agent's acceptance: (Zip Code) agent's acceptance: (Zip Code) agent's acceptance: (Zip Code)	d corporation	26 JUL 24 AH 10: 13 that can be seen to be s	e place
Name and str Name: office Address: 0. Registered laving been na esignated in the	ceducation & awareness, accessible collection, & producer responsibility for safer bacorporation authorized in home state or country to be carried out in the state of Florida reet address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida 32031 (City) diagent's acceptance: (Zip Code) agent's acceptance: (Zip Code)	d corporation	26 JUL 24 AH 10: 13 that can be seen to be s	e place
Name and str Name: Office Address: O. Registered Javing been na esignated in th	ceducation & awareness, accessible collection, & producer responsibility for safer bacorporation authorized in home state or country to be carried out in the state of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida (City) (Zip Code) diagent's acceptance: amed as registered agent and to accept service of process for the above state his application, I hereby accept the appointment as registered agent and agree occupily with the provisions of all statutes relative to the proper and completion with and accept the obligations of my position as registered agent.	d corporation	26 JUL 24 AH 10: 13 that can be seen to be s	e place
Name and <u>str</u> Name: Office Address: 10. Registered Having been na lesignated in th	ceducation & awareness, accessible collection, & producer responsibility for safer bacorporation authorized in home state or country to be carried out in the state of Florida reet address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company 1201 Hays Street Tallahassee , Florida 32031 (City) diagent's acceptance: (Zip Code) agent's acceptance: (Zip Code)	d corporation	26 JUL 24 AH 10: 13 that can be seen to be s	e place

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	RS Andrew J. Sirjord		John Matthews	
■ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■Director The Colony, TX 75056		Director	Hartland WI 53029	
□President		□President		
□Vice President		☐ Vice President		
☐ Secretary	□Treasurer	■ Secretary	□Treasurer	
Other:	□ Other:	□Other:	Other:	
□ Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	3060 Mercer University Dr .	□ Vice Chairman	122 Morgan Drive,	
□Director	Ste 110 # 656 Atlanta, GA 30341	Director	Lagrange, GA 30240	
□President		□President		
□Vice President		□ Vice President		
☐ Secretary	■ Treasurer	☐ Secretary	☐ Treasurer	
Other:	☐ Other:	□Other:	Other:	
□ Chairman	James Bremner	□Chairman	Name: Kevin Rejent	
□Vice Chairman	Address: 555 Theodore Fremd Ave.,	□ Vice Chairman	Address: 8235 Forsyth Blvd.,	
Director	Ste C304, Rye, NY 10580	Director	Suite 100, St. Louis, MO 63105	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	☐ Secretary	□Treasurer	
Other:	Other:	□Other:	Other:	
Non-indexed indi-	nt Notice: Use an attachment to report more than viduals may be added to the index when filing you flaming (Signature of Chairman, Vice Chairman, or any	our Florida Department o	of State Annual Report form.	
14. Lisa Fleming	g, Treasurer and CFO			
	(Typed or printed name and capacity of	berzon zigning applicat	CSC 457714 015	

Control Number: 23080686

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Call2Recycle Stewardship, Inc.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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 state.

> Docket Number : 29803592 Date Inc/Auth/Filed: 04/03/2023 Jurisdiction : Georgia Print Date : 07/23/2025

Form Number . 211



Brad Raffensperger

Brad Raffensperger Secretary of State