## F9900000000004

C T CORPORATION SYSTE	M			
Requestor's Name 660 East Jefferson Str	reet		· · · · · · · · · · · · · · · · · · ·	
Address Tallahassee, Florida	32301	600028811564 -05/20/9901061007 *****70.00 *****70.00		
City State Zip	Phone 904-222-1092 ATION(S) NAME		**************************************	
	:			<u> </u>
			7. 9	
<u> </u>	Synagro Souther	ut Inc.	ECTET SHAW	
3"			SSEE THE	
<pre></pre>	() Amendmen	.t	() Merger STA	75. 28a
Foreign	() Dissolution	Withdrawal	() Mark	
() Limited Partnership () Reinstatement	( ) Annual Rep ( ) Reservation		() Other () Change of R. () Fictitious N	
() Limited Liability P () Certified Copy	() Photo Cop	ies	() CUS/ G/S	
() Call When Ready Walk In () Mail Out	() Call if Prob () Will Wait	lem	() After 4:30 Pick Up	
Name Availability	5120	PLFAS	SE RETURN: EXTRA ( FILE STAMPED	<u> </u>
Document Examiner		THAN	IK YOU ! CONN	وريعس
Updater		/	/ 1882	3 🖺
Verifier		1/5/20	199 3 3	
Acknowledgment		<b> </b>	7/99 11 11 12 12 13	, . 🗅
W.P. Verifier			<u> </u>	J

CR2E031 (1-89)

## 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:

CORPORATED", "COMPANY", "CORPORATION" or as will clearly indicate that it is a corporation instead of a n the name at present.)  3. Applied For (FEI number, if applicable)
porated)  A policy For (FEI number, if applicable)
porated) (FEI number, if applicable)
-
5. perpetual (Duration: Year corp. will cease to exist or
(Duration: Year corp. will cease to exist or "perpetual")
E SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
E SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)
t mailing address)
- SERVICES AND RESIDUALS MANAGEMENT ate or country to be carried out in the state of Florida)
stered agent: (P.O. Box or Mail Drop Box NOT
System 2
System  Island Road  , Florida, 33324  , Florida, 33324  , Florida, 33324
, Florida, 33324 SE N
(Zip Code)
d to accept service of process for the above stated is application, I hereby accept the appointment as acity. I further agree to comply with the provisions of ete performance of my duties, and I am familiar with registered agent.  Secretary authenticated, not more than 90 days prior to ment of State, by the Secretary of State or other

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box **NOT** acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: Vice Chairman: Address: \_ Director: Ross M. Patten Address: 1800 Bering Drive, Suite 1000 Houston, Texas 77057 Director: Mark A. Rome Address: 1800 Bering Drive, Suite 1000 Houston, Texas 77057 B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Ross M. Patten Address: 1800 Bering Drive, Suite 1000 Houston, Texas 77057 Vice President: Mark A. Rome Address: 1800 Bering Drive, Suite 1000 Houston, Texas 77057 Secretary: Alvin Thomas Address: 1800 Bering Drive, Suite 1000 Houston, Texas 77057 Treasurer: Randy Jennings Address: 1800 Bering Drive, Suite 1000 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

## State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SYNAGRO SOUTHEAST, 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 EIGHTEENTH DAY OF MAY,
A.D. 1999

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

99 MAY 20 PH 12: 28
SECRETASSEE, FLORIDA



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9751380

DATE:

05-18-99

3032999 8300