

# L01000005256

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H010000341213)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

Division of Corporations  
Fax Number : (850) 922-4003

**From:**

Account Name : DANIEL HICKS, P.A.  
Account Number : 075061003325  
Phone : (352) 351-3353  
Fax Number : (352) 351-8054

**AL**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

01 APR -4 AM 8:15

**RECEIVED**

01 APR -5 AM 8:24

## LIMITED LIABILITY COMPANY

### AMERICAN DISPOSAL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

(( ( H01000034121 3 )) )

**ARTICLES OF ORGANIZATION  
OF  
AMERICAN DISPOSAL SERVICES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

FILED  
01 APR -4 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I  
NAME**

The name of the limited liability company shall be AMERICAN DISPOSAL SERVICES, LLC ("Company"). The principal place of business of the Company in Florida shall be 671 Holmes Blvd., St. Augustine, Florida 32086.

**ARTICLE II  
DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual, unless the Company is earlier dissolved as provided in these Articles of Organization or the laws of the State of Florida.

**ARTICLE III  
PURPOSES AND POWERS**

The general purpose for which the Company is organized is to conduct the business of residential, commercial, and industrial waste hauling, to manage other business entities, to acquire, own, develop and manage commercial real estate and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

**ARTICLE IV  
REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the Company in the State of Florida is Daniel Hicks, 421 South Pine Avenue, Ocala, Florida 34474.

(( ( H01000034121 3 )) )

((( H01000034121 3 )))

**ARTICLE V  
CAPITAL CONTRIBUTIONS**

The Members of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

	<u>NAME</u>	<u>CAPITAL CONTRIBUTION/ %</u>	<u>Membership Units</u>
1.	John A. Paglia, Jr.	\$200.00 25%	200
2.	Michael D. Paglia	\$200.00 25%	200
3.	John Cinelli, Jr.	\$200.00 25%	200
4.	James V. Cinelli	\$200.00 25%	200
5.	Authorized unissued		200

**ARTICLE VI  
ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the Company as such times and in such amounts as may be provided in the regulations adopted by the members or, in lieu thereof, only upon the unanimous consent of all the members.

**ARTICLE VII  
ADMISSION OF NEW MEMBERS  
(TRANSFERABILITY OF INTERESTS)**

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

**ARTICLE VIII  
TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)**

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or manager, or upon the occurrence of any other event that terminates the continued membership of a member of the Company, unless the business of the Company is continued by the consent of a majority in interest of the remaining members, provided there are at least two (2) remaining members.

((( H01000034121 3 )))

- 2 -

01 APR -4 AM 8:15

FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((( H01000034121 3 )))

**ARTICLE IX  
MANAGEMENT (MANAGEMENT BY MANAGER)**

The Company shall be managed by a manager or managers in accordance with regulations adopted by the Members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager of the Company are:

<u>NAME</u>	<u>ADDRESS</u>
John A. Paglia, Jr.	5111 South Pine Avenue, Suite F Ocala, Florida 34480
James V. Cinelli	671 Holmes Blvd. St. Augustine, Florida 72086

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this 31 day of March, 2001.

  
\_\_\_\_\_  
JOHN A. PAGLIA, JR.  
\_\_\_\_\_  
MICHAEL D. PAGLIA  
\_\_\_\_\_  
JOHN CINELLI, JR.  
\_\_\_\_\_  
JAMES V. CINELLI

((( H01000034121 3 )))

FILED  
01 APR -4 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((( H01000034121 3 )))

STATE OF FLORIDA  
COUNTY OF MARION

Before me, personally appeared, **JOHNA PAGLIA, JR. and MICHAEL D. PAGLIA**, to me well known and known to me to be the persons described in and who executed the foregoing Articles of Organization and acknowledged to and before me that they executed said instrument for the purposes therein expressed, and that they are personally known to me.

WITNESS my hand and official seal this 31 day of March, 2001.

*Debra S. Nickel*  
Notary Public, State of Florida

STATE OF FLORIDA  
COUNTY OF Marion

Before me, personally appeared, **JOHN CINELLI, JR. and JAMES V. CINELLI**, to me well known and known to me to be the persons described in and who executed the foregoing Articles of Organization and acknowledged to and before me that they executed said instrument for the purposes therein expressed, and that they are personally known to me.

WITNESS my hand and official seal this 31 day of March, 2001.

*Debra S. Nickel*  
Notary Public, State of Florida

((( H01000034121 3 )))

((( H01000034121 3 )))

ACCEPTANCE OF REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above -stated limited liability company at the place designated in this statement, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Dated this 21 day of March, 2001.

  
Daniel Hicks

FILED  
01 APR -4, AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((( H01000034121 3 )))

((( H01000034121 3 )))

CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name and address of the limited liability company is AMERICAN DISPOSAL SERVICES, LLC, 671 Holmes Blvd., St. Augustine, Florida 32086.

2. The name and address of the registered agent and office is: Daniel Hicks, 421 South Pine Avenue, Ocala, Florida 34474-4175.

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

March 31, 2001  
Daniel HicksFILED  
01 APR -4 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((( H01000034121 3 )))