Requester's Name 801 N. DOUGLAS ALK #100 Address Alfamente Springe FL 32714 900 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| | Office Use Only | • |
|----------------------------------|---|---------------------------------------|
| CORPORATION NAME(S) & DO | CUMENT NUMBER(S), (if known): | |
| 1. WASTE COST | CONSULTANTS LLC (Document #) | والمنطقة والمناط |
| (Corporation Name) | | |
| 2. | 600003992 0 -04/11/01 | 165-0 <u>0</u> 6 |
| (Corporation Name) | (Document #) *****125. UI > | ****125.00 |
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| 4. (Corporation Name) | (Document #) | . 145 T TE 15 |
| | | - |
| ☐ Walk in ☐ Pick up time | | Mills |
| ☐ Mail out ☐ Will wait | Photocopy Certificate of Status | 1-4/19 |
| NEW FILINGS | AMENDMENTS LAW S | Concepting 1 |
| Profit | Amendment Resignation of R.A., Officer/Director | |
| Not for Profit Limited Liability | Resignation of R.A., Officer/Director | Ö |
| Domestication | Dissolution/Withdrawal | |
| Other | ☐ Merger | |
| OTHER FILINGS | REGISTRATION/QUALIFICATION | |
| ☐ Annual Report | Foreign | - |
| Fictitious Name | Limited Partnership | |
| | Reinstatement Trademark | == |
| | Other | - |
| | | |
| | Examiner's Initials | |

. ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WASTE COST CONSULTANTS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are;

| TAMES | C | BALL | ガルボス | | |
|--|-----|------|--------|--|--|
| Name | | | | | |
| 1226 WE | ≥57 | YALE | STREET | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| ORLAHOO | | | 32804 | | |
| City, State, and Zip | | | | | |

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

3 BALLINGER
Typed or printed name of signee

Filing Fees:

AMES

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)