

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L 020000005045

American Waste, LLC

Stacey Seematt

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****155.00 ****155.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ___ Photo Copy
- ___ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

RECEIVED
02 MAR -4 PM 12:32
DIVISION OF CONVICTION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

OF

AMERICAN WASTE, 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:

ARTICLE I - NAME

The name of this limited liability company is American Waste, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 163 S.E. Osprey Ridge, Port St. Lucie, Florida 34984.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Willis H. Cowdell. The Members of the Company are as follows:

Willis H. Cowdell
163 S.E. Osprey Ridge
Port St. Lucie, FL 34984

Todd C. McDorman
1979 S.W. Aladdin Street
Port St. Lucie, FL 34953

ARTICLE V – ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

Willis H. Cowdell

WILLIS H. COWDELL
Member

Todd C. McDorman

TODD C. McDORMAN
Member

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Willis H. Cowdell, who has produced FL DRIVERS LICENSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 1st day of March, 2002.



(SEAL)
Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC

Tiffany N. Gonsalves

Notary Public State of Florida at Large
Printed Signature: TIFFANY N. GONSALVES
My Commission No:
My Commission Expires:

02 MAR -4 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

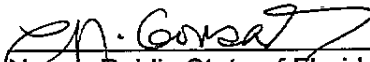
APPROVED
AND
FILED

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Todd C. McDorman, who has produced FL DRIVERS LICENSE as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 1st day of March, 2002.

(S E A L)


Notary Public State of Florida at Large
Printed Signature: TIFFANY N. GONCALVES
My Commission No:
My Commission Expires:



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIR INSURANCE, INC.

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.


RICKEY L. FARRELL
Registered Agent

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

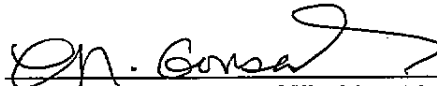
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced
n/a as identification ~~or who is personally known to me and~~ who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 1st day of March, 2002.

(S E A L)



Tiffany N. Gonsalves
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