

L 03000004377

(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:

Office Use Only



100010372241

02/05/03--01085--001 **130.00

FILED
RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

03 FEB '03 PM 3:10B FEB -5 PM 3:05

FILED
RECEIVED
DIVISION OF STATE
CORPORATIONS

W

Cover Letter

Kevin Barton
164 Crenshaw Drive Apt 4
Tallahassee, Florida 32310

(850) 580-9885(Daytime phone)
(850) 321-2525

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB -5 PM 3:05

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Waste Valet Services LLC

ARTICLE II - Address:

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

P.O. Box 21273

Tallahassee, FL 32316

164 Crenshaw Dr.

Apt. 4

Tallahassee, FL 32310

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

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

Kevin Barton
Name
164 Crenshaw Drive Apt. 4
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32310
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..

Kevin Barton
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.)

Kevin Barton
Typed or printed name of signee

Filing Fees:

\$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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 15 PM 3:05