Division of Corporations Public Access System

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To:

Division of Corporations

reduum xet

1 (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone : (850)878-5926 Fax Number

≱LORIDA/FOREIGN LIMITED LIABILITY CO.

WRH Lynn Haven, LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

* Not legible per Not

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
WRH Lynn Haven, LLC		
(Must end with the words "Limited Liability Company	y, "Limited Company" or their abbreviation	on "LLC," or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of	f the minoisal office of the Tim	ited Lighility Comments is:
The Hunting sections and select sections of	t the principal office of the Lini	acce placing company is.
Principal Office Address:	Mailing Address:	
c/o WHI Capital Partners	c/o WHI Capital Partners	
191 North Wacker Drive, Suite 1500	191 North Wacker Drive,	Suite 1500
Chicago, IL 60606-1899	Chicago, IL 60606-1899	
The name and the Florida street address (CTC	Corporation System	
	Name	- •
1200 Son	uth Pine Island Road	
Florida s	troet address (P.O. Box <u>NOT</u> accepts	ble)
Planta	tìon, Florida 33324	_
City,	, State, and Zip	
Having been named as registered agent a liability company at the place designa registered agent and agree to act in this of statutes relating to the proper and comp accept the obligations of my position	sed in this certificate, I hereby a capacity. I further agree to comp plete performance of my duties, s	coupt the appointment as ply with the provisions of all and I am familiar with and
1	Conjuntation by Stein	
√\A.La.		Sarah B. Ayala

(CONTINUED)
Page 1 of 2

SECHETAL OF STATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Managing Member	Waste Recyclars Holdings, LLC
	olo WHI Capital Partners
	191 N. Wacker Drive, Suits 1500
	Chicago, IL 60606-1299

Jsc attachment if necessary)	
	e date of filing:, (OPTIC

mber or an authorised 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 parjury fast the facts stated bersin are true.)

Adam Schooter, Authorized Representative of Managing Member Typed or printed name of rigues

Filler Free

REQUIRED SIGNATURE:

\$326.66 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.69 Certified Capy (Optional) \$ 5.06 Certificate of Status (Optional)

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