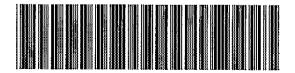
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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DIVISION OF CORPORATIONS
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J. BRYAN SEP 2 2 2006

## **COVER LETTER**

Division of Co			
SUBJECT: Ga	rloage Inc.	LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	Q DIVS
Please return all corresp	ondence concerning this matte	r to the following:	SIONE
	Nich	Name of Person)	20
	(1	Name of Person)	DIVISION OF COMPONION
	(	Firm/Company)	
	300 E	South Street	Unit 4006
		(Address)	
	Orlando	FL 32801	
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
Nicholas S	Stran	at (321 ) 663 -	9450
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



August 28, 2006

NICHOLAS STUART 300 E SOUTH STREET UNIT 4006 ORLANDO, FL 32801

SUBJECT: GARBAGE INC., LLC Ref. Number: W06000037889

We have received your document for GARBAGE INC., LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00.

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist OF SEP 20 PM 2: 40

Letter Number: 906A00052587

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:  (Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address: The mailing address and street address of the principle.	2: For Allers
Principal Office Address:	Mailing Address:
635 Ellsworth Street Altomonte Springs, FL 32701	635 Ellsworth Street Altanonte Springs, FC 32701
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
<u>Victolas St</u> Name	vast
300 E South Florida street addi	Street Unit 4006 ress (P.O. Box NOT acceptable)
Orlando City, State, ar	FL 32801 ad Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all
statutes relating to the proper and complete per	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Marie Standard Standard Signature	ma (DEOLIBED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	- 12 OF 11
Managing Member	Todd Tigornthe
<b>V</b> 3	635 Ellsworth St.
	Alternante Springs, FZ 32701
"MGRM"	Nicholas Stuar
	300 E South Street Unit 4006
	Orlanda, Fl. 32801
-	
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(Use attachment if necessary)	PH 2:4
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Effective date, if other than the date date is listed, the date must be sp	te of filing:
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LE V: Effective date, if other than the date fective date is listed, the date must be sy days after the date of filing.)	<del>• • • • • • • • • • • • • • • • • • • </del>
LE V: Effective date, if other than the date ffective date is listed, the date must be specified days after the date of filing.)  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prio
CLE V: Effective date, if other than the date ffective date is listed, the date must be specified and days after the date of filing.)  REQUIRED SIGNATURE:	<del>• • • • • • • • • • • • • • • • • • • </del>
CLE V: Effective date, if other than the date ffective date is listed, the date must be specifically days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the date of the da	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution
CLE V: Effective date, if other than the date ffective date is listed, the date must be specified days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute.	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
LE V: Effective date, if other than the date fective date is listed, the date must be specified and the date of filing.)  REOUIRED SIGNATURE:  Signature of a member of the date of the da	r an authorized representative of a member.  n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)