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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

ORIDA/FOREIGN LIMITED LIABILITY CO.

# MIAMI-DADE WASTE SOLUTIONS, LLC

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\$155.00

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This Instrument Prepared By:

JOHN P. MAAS, ESQUIRE 44 NE 16<sup>th</sup> Street Homestead, Florida 33030 305-247-7132 Florida Bar No. 435910



# ARTICLES OF ORGANIZATION

OF

# MIAMI-DADE WASTE SOLUTIONS, LLC.



### ARTICLE 1:

The name of this limited liability company shall be: MIAMI-DADE WASTE SOLUTIONS, LLC, a Florida limited liability company.

### ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

### ARTICLE III:

The name of the registered agent for MIAMI-DADE WASTE SOLUTIONS, LLC, is as follows:

SHARON GANTT GARCIA

### ARTICLE IV:

This limited liability company shall be a member-managed company and shall be managed by two member managers.

### ARTICLE V:

The initial members of MIAMI-DADE WASTE SOLUTIONS, LLC, shall be:

SHARON GANTT GARCIA

20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

JEPHTE GARCIA-BETANCOURT 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

## ARTICLE VI:

The initial managing members shall be:

SHARON GANTT GARCIA (MGRM) 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

JEPHTE GARCIA-BETANCOURT (MGRM) 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

DATED this 20 day of December 2006.

SHARON GANTT GARCIA,

Managing Member

JEPHTE GARCIA-BETANCOURT,

Managing Member



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE OF MIAMI-DADE WASTE SOLUTIONS, LLC

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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 PROPERT AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED this 20 day of Jec. 2006.

SHARON GANTT GARCIA

Registered Agent 20301 SW 320 STREET HOMESTEAD, FLORIDA 33030

SECRETARY OF STATE OF CORPORATIONS

HOUDO 299743
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