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SECRETARY OF STATE PALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	ALLIGATO	R SHAGO	lding llc	
	,	of Limited Liability Co	,	
Dear Sir or Madam:				
The enclosed Articles	s of Correction and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this	matter to the followin	g:	
BRU	ICE M. TG (Name of Person)	TEL BAUG	-	O7 HA
Allig	ATOR Shafde	Hira, LLC	· -	THAY 10 PM 12: 22 SECHETIZE OF STATE TALLAHISSEE FLORID
180	North Wes	THON'E DA	<u>-</u>	12: 22 FLOAIDA
Altanon	City/State and Zip Code?	FL 3071	<u>Y</u>	
For further information	on concerning this matter, p	blease call:		
Bruce	TEITE [BAWM mme of Person)	at (<u>32/</u> (Area Code &) 276-2849 & Daytime Telephone Number)	
STREET/COURIER Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, Florida	ions er Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:	:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

产业等

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida. The name of the limited liability company is:

ALLI GATOR SHRE DDING FIRST: The articles of organization or the application to transact business SECOND: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: COMECT ADDRESS: 180 NORTH WESTMONTE D OR Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Dated: or authorized representative of a member Typed or printed name of signee

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L07000039184 FILED 8:00 AM April 11, 2007 Sec. Of State jbryan

Article I

The name of the Limited Liability Company is: ALLIGATOR SHREDDING, LLC

Article II

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

180 N WEST MONTE DR ALTAMONTE SPRINGS, FL. US 32714

The mailing address of the Limited Liability Company is:

180 N WEST MONTE DR ALTAMONTE SPRINGS, FL. US 32714

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

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

VALDERRAMA PARTNERS, LLC 1870 PROVIDENCE BLVD. SUITE K DELTONA, FL. 32725

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.

Registered Agent Signature: CARLOS VALDERRAMA



Article V

The name and address of managing members/managers are:

Title: MGR BRUCE M TEITELBAUM 1715 CONCERT RD DELTOAN, FL. 32738 US

Title: MGR MELVIN L STEVENS JR 299 TORPOINT GATE LONGWOOD, FL. 32779 US

Article VI

The effective date for this Limited Liability Company shall be: 04/11/2007

Signature of member or an authorized representative of a member Signature: CARLOS VALDERRAMA

L07000039184 FILED 8:00 AM April 11, 2007 Sec. Of State jbryan

