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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : KOCH & COMPANY, CPAS, P.A.
Account Number : I19990000002
Phone : (941) 637-0544
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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

OMNI WASTE OF POLK, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
OMNI WASTE OF POLK, LLC**

ARTICLE 1 - NAME

The name of the Limited Liability Company is OMNI WASTE OF POLK, LLC,
(hereinafter, "Limited Liability Company").

ARTICLE 2 - ADDRESS

The street address of the principal office of this Limited Liability Company shall be:
1801 Shreve St., Suite 113, Punta Gorda, FL 33950

ARTICLE 3 - REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:

Timothy J. Salopek, 1801 Shreve St., Suite 113, Punta Gorda, FL 33950

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

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.

By: Tim Salopek
Timothy J. Salopek, Registered Agent

By: Tim Salopek
Timothy J. Salopek, Organizing Member

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

Notary Signature _____

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