

L 070000121782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

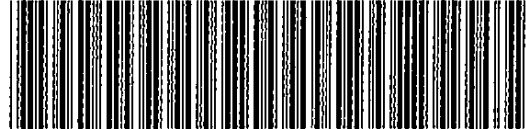
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/07/07--01035--007 **150.00

RECEIVED
07 DEC -7 AM 11:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/1/08

BK 12/7

CT Corporation

December 7, 2007

EFFECTIVE DATE

11/1/08

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
07 DEC -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 7093400 SO
Customer Reference 1: CNA
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Omni Waste of Osceola County LLC (DE)
Conversion
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

EFFECTIVE DATE 1/1/08

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

FILED
07 DEC -7 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

OMNI WASTE OF OSCEOLA COUNTY LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a **LIMITED LIABILITY COMPANY**
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **OHIO** MOZ 000000920
(Enter state, or if a non-U.S. entity, the name of the country)

on **JANUARY 21, 1999**
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:


N/A

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

OMNI WASTE OF OSCEOLA COUNTY LLC
(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2008
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 3rd day of DECEMBER 20 07.

Signature of Authorized Person: 

Printed Name: IVAN R. CAIRNS Title: MANAGER

Fees:

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

EFFECTIVE DATE 1/1/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OMNI WASTE OSCEOLA COUNTY LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1122 INTERNATIONAL BLVD.
SUITE 601
BURLINGTON, ONTARIO L7L 6Z8

Mailing Address:

1122 INTERNATIONAL BLVD.
SUITE 601
BURLINGTON, ONTARIO L7L 6Z8

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT CORPORATION SYSTEM

^{Name}
1200 SOUTH PINE ISLAND ROAD

Florida street address (P.O. Box **NOT** acceptable)

PLANTATION FLORIDA 33324 FL
City, State, and Zip

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 as provided for in

Chapter 608, F.S.

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MANAGER

IVAN R. CAIRNS

1122 INTERNATIONAL BLVD., SUITE 601
BURLINGTON, ONTARIO L7L 6Z8

MANAGER

EDWIN D. JOHNSON

5002 T-REX AVENUE, SUITE 200
BOCA RATON, FLORIDA 33431

MANAGER

WILLIAM P. HULLIGAN

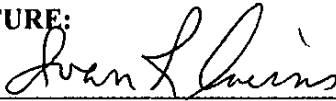
5002 T-REX AVENUE, SUITE 200
BOCA RATON, FLORIDA 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2008
(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized 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 perjury that the facts stated herein are true.)

IVAN R. CAIRNS

Typed or printed name of signee

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)