

LU80000019519

(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



000118412510

RECEIVED

08 FEB 25 AM 8:47

LEGISLATIVE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 FEB 25 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB 25 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 457329 4300043

AUTHORIZATION

*[Handwritten Signature]*

COST LIMIT : \$ 125.00

08 FEB 25 PM 1:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 22, 2008

ORDER TIME : 4:26 PM

ORDER NO. : 457329-005

CUSTOMER NO: 4300043

DOMESTIC FILING

NAME: OCALA RECYCLING ACQUISITION,  
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 2916

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Ocala Recycling Acquisition, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is c/o Altazano Management, 109 North Post Oak Lane, Suite 425, Houston, TX 77024.

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

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

*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.*

Brian Courtney  
Asst. V. Pres.

Registered Agent's Signature

### ARTICLE IV - Name and Address of each Manager is as follows:

#### Nolan Lehmann

c/o Altazano Management, 109 North Post Oak Lane, Suite 425, Houston, TX 77024.

#### John Goodman

c/o Altazano Management, 109 North Post Oak Lane, Suite 425, Houston, TX 77024.

#### John Sheessele

c/o Altazano Management, 109 North Post Oak Lane, Suite 425, Houston, TX 77024.

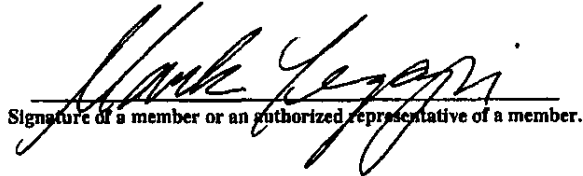
#### Gary Blase

819 Stratford Court, Atlanta, GA 30350

FILED  
08 FEB 25 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated: February 22, 2008

**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.)

Mark Leonard N. Legaspi  
Typed or printed name of signee