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SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 JUL - 1 PM 2:30

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Construction Debris Logistics, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Randolph F. Jones, CPA

(Name of Person)

Donovan Bell and Associates, CPA's PA

(Firm/Company)

3670 US Hwy 1 South, Ste. 290

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Randolph F. Jones, CPA at ( 904 ) 797-6660

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the limited Liability Company is:

Construction Debris Logistics, LLC

**ARTICLE II – Address:**

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

Principal Office Address:

Mailing Address:

Construction Debris Logistics, LLC

Construction Debris Logistics, LLC

114 Herons Nest Lane

114 Herons Nest Lane

St. Augustine, FL 32080

St. Augustine, FL 32080

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Steven C. Binniger

Name

(Steven C. Binniger)

114 Herons Nest Lane

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

St. Augustine, FL 32080

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes.*

  
Registered Agent's Signature

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**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**

MGRM

Steven<sup>C.</sup>Binninger

114 Herons Nest Lane

St. Augustine, FL 32080

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

Steven<sup>C.</sup>Binninger

\_\_\_\_\_  
Typed or printed name of signer

(Steven C.  
Binninger)

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)