

L08000077612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

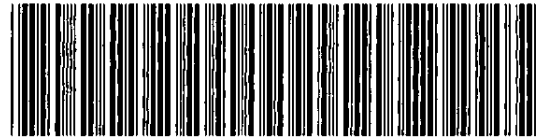
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500133522945

Effective Date 08/01/08

07/30/08--01020--025 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUL 30 PM 2:57

W08-36108
J. BRYAN
JUL 31 2008

J. BRYAN

AUG 13 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2008

ROBERT A. OLEXY
PROVIDENT MED WASTE LLC
10009 DISCOVERY TERRACE
BRADENTON, FL 34212

SUBJECT: PROVIDENT MEDWASTE LLC
Ref. Number: W08000036108

See New Documents

Name changed

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We have received your document for PROVIDENT MEDWASTE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 208A00043990

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omnivore MedWaste 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:

Robert A. Olexy
(Name of Person)

Omnivore MedWaste LLC
(Firm/Company)

10009 Discovery Terrace
(Address)

Bradenton, FL 34212
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Olexy at (941) 708-0820
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Omnivore MedWaste LLC

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

ARTICLE II - Address:

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

Principal Office Address:

10009 Discovery Terrace
Bradenton, FL 34212

Mailing Address:

10009 Discovery Terrace
Bradenton, FL 34212

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: Effective Date 08/01/08

Mark O'Brien

Name

1304 South Howard Ave #100

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

Tampa

FL 33606

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..

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Robert A. Olexy
10009 Discovery Terrace
Bradenton, FL 34212

MGRM

John R. Self
50 CR 1672
Cullman, AL 35058


MGRM

Steve Cochran
1014 Woodstone Dr.
Baton Rouge, LA 70808

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 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.)

Robert A. Olexy

Typed or printed name of signer

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)

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