

L08000088410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

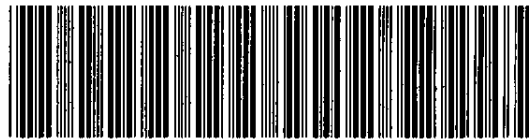
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/11/08--01042--018 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 16 PM 2:06

W08-37860  
J. BRYAN AUG 12 2008

J. BRYAN

SEP 17 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Onsite Recycling Services, 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:

Arlan Larson

(Name of Person)

(Firm/Company)

1203 Country Trails Dr.

(Address)

Safety Harbor, Florida, 34695

(City/State and Zip Code)

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For further information concerning this matter, please call:

Arlan Larson

(Name of Person)

at ( 727 ) 799.8489

(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

Date: 09/15/08

To:  
Mr. Joey Bryan  
Regulatory Specialist II

From:  
Mr. Arlan Larson

Re: Onsite Recycling Services, LLC

FILED  
STATE  
SECRETARY OF  
CORPORATIONS  
DIVISION OF  
08 SEP 16 PM 2:00

Dear Mr. Bryan,

We spoke on the morning of 08/18/2008 regarding the enclosed document for Onsite Recycling Services, LLC and I am re-submitting per your instructions. The name was not available until post 09/14/08 due to 12-month limitation on dissolved /revoked entities.

Sincerely,



Arlan Larson  
1203 Country Trails Dr.  
Safety Harbor, FL 34695

727.415.5164



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 12, 2008

ARLAN LARSON  
1203 COUNTRY TRAILS DR.  
SAFETY HARBOR, FL 34695

SUBJECT: ONSITE RECYCLING SERVICES, LLC  
Ref. Number: W08000037860

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 SEP 16 PM 2:09

We have received your document for ONSITE RECYCLING SERVICES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #P03000052846, ONSITE RECYCLING SERVICES, INC..

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: 608A00045684

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Onsite Recycling Services, 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:

1203 Country Trails Dr.  
Safety Harbor, Florida, 34695

#### Mailing Address:

1203 Country Trails Dr.  
Safety Harbor, Florida, 34695

### 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:

Arlan Larson

Name

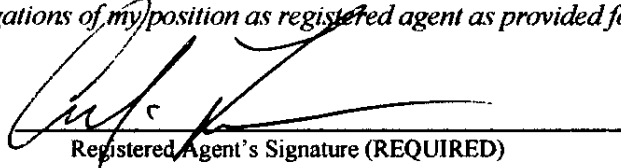
1203 Country Trails Dr.

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

Safety Harbor, Florida, FL 34695

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Arlan Larson

1203 Country Trails Dr.

Safety Harbor, Florida, 34695

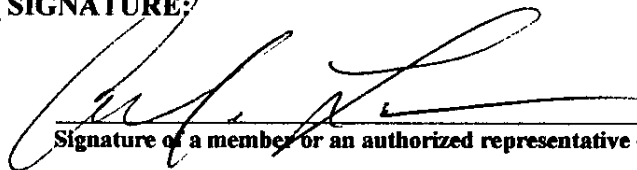
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DIVISION OF CORPORATIONS  
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

Arlan Larson

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)**