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To:

Division of Corporations

Fax Number : (850) 617-6383

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## ORIDA/FOREIGN LIMITED LIABILITY CO.

Jupiter Recycling, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing G

**EXAMINER** 

**ク/クス/クババロ** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
JUPITER RECYCLING, LLC				
(Must and with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Compan	ıy is:		
Principal Office Address:	Mailing Address:			
750 Ocean Royale Way, Unite 803 Juno Beach, Florida 33408	Same		CT.	
(The Limited Liability Compuny cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another	FEB 2	SECRETA DIVISION OF	
The name and the Florida street address of the registered agent are:		ယ		
C T Corporation System			NO.	
Name		Ē	ĕ.	
1200 South Pine Island Road		AM 10: 47		
Florida stroet address (P.O. Box NOT acceptable)		7	0	
Plan	tation FI. 33324		Æ	
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..

C T Corporation System

Registered Agent's Eighsture (REQUIRED)

ANN J. WILLIAMS
Assistant Vice President

(CONTINUED) Page 1 of 2

PLOS2 - 06/28/2007 C F Myslem Gabas

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MORM	· Mark J. Golen
	750 Occan Royalc Way, Unit 803
	Juno Beach, Florida 33408
	•
(The attachment if appropries)	
(Use attachment if necessary)	•

ARTICLE Vi Effective date, if other than the date of filing:

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

<u>REQUIRED SIGNATUBE:</u>

Signature of a member or an addivised popresquistive of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the ponalties of perjury that the facts stated herein are true.)

Maxine M. DiRenza, Authorized Representative

Typed or printed name of signee

Filing Feex;

\$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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