L09000116544

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Effective Date 01/20/10

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09 DEC - 7 PN 3: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC -8 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Valet Waste 3 Recurling Services, U.C.
N
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sean Ford
Valet waste 3 Recycling Services, U.C.
P.O.Box 671028
Address
Coral Spring Florida 33067
Sean 232008 @ compost · net
For further information concerning this matter, please call:
Scor Ford at 954 588 - 3467 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations RO Reg. 6227

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Valet Waste 3 Recycling Services (Must end with the words "Limited Linbility Configury," "LLC" or "U.C.)	zuc.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	y Company is:
Principal Office Address: Calet whole 3 Recycling Service P.D. Box 67/028 5400 Lums 10 Apt 108 Coral Springs, FL.32 Coron Later Circle, FL. 2013	2 67
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.) Effective Da	
The name and the Florida street address of the registered agent are: Sean H. Ford	SECRETARY OF STATE
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appregistered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am fum	e stated limited pointment as provisions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGRM	Ford Sean A. 5460 Lyons Rel Apt 108 COCONST Creek FL 33073
MGR	Taylor, Shareka S. 5460 Cyons Rd Aptilos Coconut Creek, FC 33073
(Use attachment if necessary)	
TCLE V: Effective date, if other the effective date is listed, the date is 90 days after the date of filing.)	an the date of filing: <u>JANUALY 30, 30</u> ! (OPTIONAL) nust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Sear Ford
_	member or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury and therein are true.)
	Typed or printed name of signee
Filing Fees:	SE 3
C176 00 Elling For for Antiday of	المرابع المرابع
	f Organization and Designation
of Registered Agent \$ 30.00 Certifled Copy (Options	$\begin{bmatrix} S \\ S \end{bmatrix}$ ω \Box