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SECRETARY OF STATE ALLAHASSEF, FLORIDA

D. BRUCE

SEP 07 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Waste Management and Transportation Services

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:

		Name of Perso	on			
		Firm/Compan	ny ·			
20355 Biscay	rne Blvd. #916				are of	
		Address				1 0
Aventura, FI	33180				CRETA AHA	SEP.
	Ci	ty/State and Zip	Code		SSE	ည်
americanwas	temgt@aol.com				m _Q	70
For further information	E-mail address: (to be used concerning this matter, pleas		al report notification	on)	STATE	03
Allen Weintraub		at (954	₎ 915-33	03		
Name	of Person		Code & Daytime	Telephone Numb	er	
Enclosed is a check f	or the following amount:					
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & d Copy) Certified	te of Status	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regi Divi Clift 266	et/Courier Addr istration Section ision of Corporation Building 1 Executive Centahassee, FL 3230	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

American Waste Management and Transportation, L.L.C.

(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:	Mailing Address:	
20355 Biscayne Blvd #916	20355 Biscayne Blvd. #916	
Aventura, Fl 33180	Aventura, FI 33180	
(The Limited Liability Company cannot ser- business entity with an active Florida regis	address of the registered agent are:	ire:
	Name	至而
20355 Bisca	ayne Blvd. #916 Florida street address (P.O. Box NOT acceptable)	かり
	Florida street address (P.O. Box NOT acceptable)	8
Aventura	FL 33180	
	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

EFFECTIVE DATE 9/2/10

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Kerrie Sheinker
	20355 Biscayne Blvd. #916
	Aventura, Fi 33180
MGRM	Allen Everett Weintraub
	20355 Biscayne Blvd. #916
	Aventura, Fl 33180
(Use attachment if necessary)	
	ne date of filing: September 2, 2010 . (OPTIONA
ffective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five business day
_	

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.)

Allen Everett Weintraub

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)