			· .		· ,	· · · · · · · · · · · · · · · · · · ·	The state of the second	
	PLEASE READ	ALL INSTE	RUCTIO	NS BEFOR	RE C	OMPLET	NG THIS FORM.	
C	ED LIABILITY OMPANY STATEMENT	FLORIDA D Se Divisi	DEPARTMENT OF STATE Secretary of State rision of Corporations				NG THIS FORM. LED	
1. Limited Li	MENT # LLO DOOC lability Company's Name TIVE RECYCLING SOLI						T.ORIDA	
	Office Address - No P.O. Box # CHERRY PALM DR.	3. Mailing Office Address 3110 CHERRY PALM DR.				CR2E041 (1/11) 4. State/Country of Formation FLORIDA		
Sulte, Apt. #,		Suite, Apt. #, etc.						
330		330				5. Date Organized or Qualified To Do Bushess in Florida 9/7/2010		
City & State TAMP	A FI	City & State TAMPA, FL				6. FEI Number Applied Fo		
Zip	Country Zip					27-3453592 Not Applica		
33619	UNITED STATES	33619	U	NITED STA	TES	CERTIFICATE	OF STATUS DESIRED ter a Certificate of St	
8.	Name and Address of	Current Registered	d Agent				-	
NRAI Services, Inc.						E-mail Address: 200253078672 10/22/1301003021 **238.		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road								
Suite, Apt. #, Etc.								
Plantati	on		FL 33324			(To be used for future annual report notice		
9. I, being a	ppointed the registered agent of the abo	ve named limited	liability compa	ny, am familiar wi	th and a	accept the obligat	ions of Chapter 608, F.S.	
Signatur Register	ed Agent NUUL VV	MUL EGISTERED AGE	Assi	e Wonsch, stant Secre	tary		Date 10/21/2013	
10. Names	and Street Addresses of Managing Mer							
Titles	Name of Managing Members/ Manage	178	Street Address of Each Managing Member/Manager				City / State / Zip	
PRESIDENT	RICHARD BAT	ES 3	3110 CHERRY PALM DR., STE. 330			, STE. 330	TAMPA, FL 33619	
SECRETARY	MANUEL ALVA	ARE 3110 CHERRY PALM DR.			DR.,	, STE. 330	STE. 330 TAMPA, FL 3361	
	REING	ТАТТ	EMENT				S HAMME	
	TOTAL ENERY					S. HAWKES		
	2012-20			カビ			OCT 22 2013	
							EXAMINED	
this reins fees owe If made u	tatement application the reason for disast d by the fimited liability company have be under oath. I am aware that false informate of Managing	olution has been el sen paid. The info	iminated, the mation indica	limited flability cor ted on this applica the Department o	mpany ration is i	name satisfies the true and accurate constitutes a third	tor in Chapter 808, F.S. I further certify that when requirements of section 808, 408, F.S., and that, and my signature shall have the same legal and degree felony as provided for in s.817.155, F.S. sytime Phone # \$\frac{1/3}{2} \frac{624}{23} \frac{23}{9}\$	