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SECRETARY OF STATE

0 OCT -6 PH 3:

COVER LETTER

TO: Registratio Division of	n Séction Corporations		
SUBJECT: 5	OUTHERN RS		ERVICES "LLC.
The enclosed Article	s of Organization and fee(s) are subm	itted for filing.	
Please return all corr	espondence concerning this matter to	the following:	
J	OSEPH WILSO	M SCOTT the of Person	
SOUTHE	PN PECYCL ING	SERVICES n/Company	"LLC."
545	6 NYBERG RD.	Address	
NOR	THPORT FLOR	IDA 342	31
	E-mail address: (to be used for fu	ture annual report notification)	
For further informati	on concerning this matter, please call	typing outcome	
CSEPH WILL	SON SCOTT at one of Person	941) 391- Area Code & Daytime Tele	1161 Ephone Number
Enclosed is a chec	k 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	Street/Courier Address Registration Section Division of Corporation Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SOUTHERN REYCLING SERVICES "LLC." (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
5956 NYBERG RD. NORTHPORT FLOXIDA NORTHPORT FLOXIDA 34291 34291
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:
JOSEPH WILSON SCOTT
5956 NYBERG PD. Florida street address (P.O. Box NOT acceptable)
NORTHPORT FL 34291 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 a 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

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
"MGR"	JOSEPH WILSON SCOTT 5956 NYBERG RD. NORTHFORT FLORIDA 34291
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days price
REQUIRED SIGNATURE	ess Wilson Land 10-1-
Signature of a	member or an authorized representative of a member.
(In accordance with sect	ion 608.408(3). Florida Statutes, the execution of this document

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

PH WICSON SCOTT
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)