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. PICK-UP WAIT MAIL	
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(Business Entity Name)	
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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

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COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: Recycle Exchange LL	_C.	
50B05011	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Marc G Macfarlane		
	Name of Person	
Recycle Exchange LLC.		
	Firm/Company	
10909 Biscayne Blvd	IA A	201 - SE
	Address	
Miami, FL 33161	iASS	2011 FEB 14 PP
	City/State and Zip Code	PH F
marc_macfarlane@yahoo.com		S
E-mail address: (to be used	d for future annual report notification) Report notification	# 3
, , , , , , , , , , , , , , , , , , , ,		
Marc G Macfarlane	at(305) 746-1043	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times 130.00 Filing Fee \$\&\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Recycle Exchange LLC.			
(Must end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address	of the principal office of the Limited Lia	bility Company	/ is:
Principal Office Address:	Mailing Address:		
10909 Biscayne Blvd	10909 Biscayne Blvd		
Miami, FL 33161	Miami, FL 33161		
	egistered Office, & Registered Agent's sown Registered Agent. You must designate an individ	ual or another	.1
The name and the Florida street address	s of the registered agent are:	PH C	
Marc G Macfarl	ane	3: 13 TATE ORIDA	Mends
	Name	ີ ພ	

1511 NE 108th Street

Florida street address (P.O. Box NOT acceptable)

Miami

ARTICLE I - Name:

The name of the Limited Liability Company is:

_{FL} 33161

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)

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

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

MGR	Marc G Macfarlane 1511 NE 108th Street	
	Miami, FL 33161	
		201
	PR PR	2011 FEB
	TAS:	
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	TAI	ယ္
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(Use attachment if neces	ary)	
CLE V. Effective date if	ner than the date of filing: (OPTION	IAI)
SEE V. Encenve date, is	ate must be specific and cannot be more than five business d	·····

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. 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.)

Marc G Macfarlane

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)