P. 01 Page 1 of 1

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000040800 3)))



H1100004080034BCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SMITH HULSEY & BUSHY

Account Number: 075030000653 Phone: (904)359-7700 Pax Number: (904)359-7712

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

small address: tammyw@mainrecycling.com

RECEIVED

FEB 15 PM 3: 56

ECRETARY OF STATE

LLAHASSEE. FLORID

FLORIDA LIMITED LIABILITY CO.

849 LaSalle St., LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$125.00	

Electronic Filing Menu

Corporate Filing Menu

Help

N. Culligan

FEB 16 2011

2/7

hand the combiner or a secrimate still cover, exe

<u>FEB</u> -	15-2011	TUE	03:52	PM

FAX NO.

DIVISION OF CORPORATIONS

11 FEB 15 AM 8: 35

(((H11000040800 3)))

# ARTICLES OF ORGANIZATION OF 849 LASALLE ST., LLC

The undersigned organizer, who is the authorized representative of 849 LASALLE ST., LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

## ARTICLE I - NAME

The name of the Company is 849 LaSalle St., LLC.

#### ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company are Post Office Box 2348, Jacksonville, Florida 32203 and 1352 West Beaver Street, Jacksonville, Florida 32209.

## ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent are TAMMY WAINRIGHT and 1352 West Beaver Street, Jacksonville, Florida 32209.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 15th day of February, 2011.

Tammy Wainright

Authorized Representative

(((H11000040800 3)))

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, 849 LASALLE ST., LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the Limited Liability Company is 849 LASALLE ST., LLC. 1,
- 2. The name and mailing address of the registered agent is TAMMY WAINRIGHT and 1352 West Beaver Street, Jacksonville, Florida 32209.

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, TAMMY WAINRIGHT hereby accepts the appointment as registered agent and agrees to act in this capacity. TAMMY WAINRIGHT further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, F.S.

Date: February <u>15</u>, 2011.

00743976