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To:

Division of Corporations

Fax Number : (850)617-6383 Effective Date 11912

From:

TO TO DESCRIPTION OF THE CONTROL OF THE STATE OF THE STA Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878~5368

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Charlotte County Bio-Recycling Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

https://efile.sunbiz.org/scripts/efilcovr.exe

1/20/2012 01/50/5015 11:03 2609889998

## **COVER LETTER**

		- <del>-</del> · <del>-</del>		
TO:		ion Section of Cosporations		
SUBJE	CT: Char	lotte County Bio-Recycling Cente	r, LLC	
		Nume of Limi	led Liability Company	
The enci	losed Artic	les of Organization and fee(a) are	submitted for filing.	
Picase re	stum all co	rrespondence concerning this ma	ter to the following:	
3	Melisa Jaco	bs		
_			Name of Person	
8	Synagro Te	chnologies, Inc.		
-			Firm/Company	
	1800 Borin	g Drive, Suite 1000		
			Address	
H	lowton, T	77057		
	-	Ċl	ty/State and Zip Cods	
-n	njacoba@s	ynagro.com	for future annual report actification)	_,_
For furti	her informa	ation concerning this matter, pleas		
Melisa 1			at (713 ) 369-1707  Area Code & Daytime Telephone Number	
	7	lame of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a che	ck for the following amount:		
125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	Å
		Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courley Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

VL032 - 01/17/2011 C 7 System Online

## Effective Date 1 19 17

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION FOR FLORIDA LAMITITED LABILITY CONTRACT				
ARTICLE 1 - Name: The name of the Limited Liability Com	pany is:			
Charlotte County Bio-Recycling Center, LLC				
(Must and with the words "Lin	nited 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:			
1800 Bering Drive, Suite 1000	1800 Bering Drive, Suite 1000			
Houston, TX 77057	Houston, TX 77057			
ARTICLE III - Registered Agent, Re (The Limited Liability Company carnot serve as its business cutity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent You must designate an individual or another			
The name and the Florida street address	s of the registered agent are:			
C T Corporation System	ma e			
	Name			
1200 South Pine Island	Road			

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 dutles, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Plantation FL 33324 City, State, and Zip

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

By: Corposation System Allen Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Stephanle Allison
Assistant Secretary

SECRETARY OF SAME ON DIVISION OF CORPORATIONS

FL052 - 61/7/2011 C T System Online

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGMR Synagro-WWT, Inc. 1800 Bering Drive, Suite 1000 Houston, TX 77057 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 1/19/2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of 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 panalties of perjury that the facts stated herein are true.

I am aware that any false information submitted to a document to the Department of State constitutes a third depart of blanks as according to a 212.146. To the

Filing Pecs:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Melisa Jacobs

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

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