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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Certified copies |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STAIF TALL AHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|------------|
| SUBJECT: <u>Earth Movers Recycling</u> <u>LLC</u> Name of Limited Liability Company | |
| Name of Limited Liability Company | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Elizabeth Gordner Name of Person | |
| Charteel Law Offices of Gardre | |
| 9100 Betvedere Rd, Ste 109 | |
| WPB, R 33411 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | a ≥ |
| For further information concerning this matter, please call: | Σ Σ-Ω |
| Moutha Moralesat (Stol) 734-6367 32 8 | ND YOU |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section | |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Co | ompany is: |
|--|---|
| Earth Movers Recy | dux, uc |
| (Must end with the words " | Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street addre | ss of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 0402 8712 010 | |

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:

ARTICLE I - Name:

Name

9402 871- Pl. S.

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

Boyton Beach FL 3347 2

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member President

(Use attachment if necessary)

. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: _____ (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 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.)

Mortra Usrales

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)