## Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000040755 3)))

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## FLORIDA LIMITED LIABILITY CO. HHH VALLEY WASTE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Help

h14000040755

February 19, 2014

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of HHH VAIEV WATE COT. of Doc# are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

## H14000040755

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:
* HHH Valley Waste. LLC (Must end with the words "Limited 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:
Miami Garden, Fl Miami Garden  73055 FL 73055
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:
Hamlet Garcia
Name
5142 NW 199 th Ln
Florida street address (P.O. Box NOT acceptable)
Miami FL 33015.
City Zip
Having been named as registered usent 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 605. F.S  Registered Agent's Signature (REQUIRED)
Registered rigent's Signistate (REQUIRED)
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MY LITTLE SCHOOL

PAGE 03/03

The name and address of each person an	thorized to manage and control the Limited Liability   Comp	2201/
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:  Hamlet Garcia 5142 Dw 1994 In Migni Garden FL 3:	 305
(Use attachment if necessary)		<u> </u>
FIGLE V: Effective date, if other than the date on effective date is listed, the date must be so	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to	or 90 days a
date of filing.)	•	•
date of filing.)  TICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:  Signature of a me  (In accordance with section to generatives an affirmation to 1 am aware that any false in	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document penalties of perjuty that the facts stated herein are transfermation submitted in a document to the Department of Stat	lie.
REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation to 1 am aware that any folse in constitutes a third degree fe	mber or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document the penalties of porjury that the facts stated herein are tri	lie.