# L14000151741

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	SEP 2 9	

Office Use Only



600263635436

09/22/14--01050--008 \*\*125.00

## **COVER LETTER**

TO: Registration Section Division of Corporations		. ~2
SUBJECT: Galt City J	Recycle L.L.	J. C 智紹 T T T T T T T T T T T T T T T T T T
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.	3
Please return all correspondence concerning this ma	atter to the following:	may 77
William B.	Ritter	
	Name of Person	
_ Galt City	Kecycle Firm/Company)	LLC
<u>6237 Ban</u>	yan Drive	
Milton F	J Address 3257	1
Burketiftu@ Att.	ty/State and Zip Code  Net IST  For future annual report notification	mas@ AOL.Com
For further information concerning this matter, plea	•	ation)
William or Sash at (at (	850, 623 E	8686 Iephone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addi	res

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

**ARTICLE I - Name:** 

	The second of th
Galt Citu	Recycle L.L.C. 18 1
(Must end with the words "Em	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4090 Brigglen Road	6237 Banuan Prive
Milton 12 32583	Milton FL 32570
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must designate an individual or
The name and the Florida street address of the regist	tered agent_are:
William I	B. Ritter
N	lame
(00-1)	10
6237 33V	an Drive
Florida street address (P.O.	Box NOT acceptable)
Florida street address (P.O.	Box NOT acceptable)  FL 32570

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)

(CONTINUED)

Page 1 of 2

AMBR MGR	William Ritter & & & & & & & & & & & & & & & & & & &
-MC0	6237 Banuar Drive 8
$\cdot \mathcal{M} \subset \mathcal{M}$	97
_ <u></u>	Sarah Mason 4306 7# Avenue Pace FL 32571
(Use attachment if necessary)	
of filing.)  LE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	in G. Tille
<del></del>	
(In accordance with section 605.020)	or an authorized representative of a member.  3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
constitutes an affirmation under the plan aware that any false information	submitted in a document to the Department of State
constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as p	n submitted in a document to the Department of State rovided for in s.817.155, F.S.)
I am aware that any false information constitutes a third degree felony as p	n submitted in a document to the Department of State rovided for in s.817.155, F.S.)  RHe/ ed or printed name of signee
I am aware that any false information constitutes a third degree felony as p	rovided for in s.817.155, F.S.)  Note: A second control of the con

ARTICLE IV-

Page 2 of 2