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J. Spirors DEC S. S. SUM

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Innovative Waste Solutions, LLC</u> Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	ure submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Keith A. Carswell		
		Name of Person	
	Innovative Waste Solutions, LLC	Firm/Company	<u>. </u>
	3613 East Forge Road		· · · · · · · · · · · · · · · · · · ·
		Address	
	Davie. FL 33328	City/State and Zip Code	
.K	Carswell01@GMail.Com	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Keith		305) 299-5780	
	Name of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
☑ \$ 125.0	0 Filing Fee \$\times \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Innovative Waste Solutions, LLC	Alliabile Common W. I. C. Pageri	C 20
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LL	C.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company	y is:
Principal Office Address:	Mailing Address:	
3613 East Forge Road Davie, FL 33328	3613 East Forge Road Davie, FL 33328	**************************************
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat The name and the Florida street address of the registered to the company of the registered to the company of the co	n Registered Agent. You must designat ion.)	e an individual or
Keith A. Carswell Nan	ne	
3613 East Forge Road Florida street address (P.O. B	ox <u>NOT</u> acceptable)	
Davie,	FL 33328	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby accepacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cha	ept the appointment as registered agent a ss of all statutes relating to the proper an	and agree to act in this ad complete performance
Registered Agent's Sign	nature (REQUIRED)	TALLAHASS
(CONTIN	(UED)	
Page 1 o	1 2	M 8: 5

<u> Fitle:</u>	Name and Address;
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Keith A. Carswell
	3613 East Forge Road
	Davie, FL 33328
	The second secon
	·
	Transfer A
Use attachment if necessary) EV: Effective date, if other than the date tive date is listed, the date must be s f filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
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E V: Effective date, if other than the date ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE.	pecific and cannot be more than five business days prior to or 90 d
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EV: Effective date, if other than the date ctive date is listed, the date must be so filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more constitutes an affirmation under that any false info	nember or an authorized representative of a member. 305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State
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EV: Effective date, if other than the date ctive date is listed, the date must be s f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true or mation submitted in a document to the Department of State or only as provided for in s.817.155, F.S.)