## L15000129744

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## **COVER LETTER**

	egistration Section ivision of Corporations
SUBJECT	Disposal Depot, LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Lisa Shaw Atkinson
	Name of Person
	Disposal Depot, LLC
	Firm/Company
	3001 S. Hwy. 77
	Address
	Lynn Haven, FL 32444
	City/State and Zip Code
	Lisa@PremiumOutdoor.com  E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Lisa Shaw Atkinson 850 819-5381
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
<b>]\$</b> 125.00 F	
	Mailing Address Street Address

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Disposal Depot	t end with the words "Limited Lis	ability Company	"IIC "or"IIC"	
(Musi	lend with the words. Limited Lis	ability Company,	L.L.C., OF LLC.	
ARTICLE II - Address:			1.4.11 (	
ine maining address and str	reet address of the principal offic	e of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
3001 S. Hwy. 7	7	3001	S. Hwy. 77	
RTICLE III - Registere The Limited Liability Compother business entity with	d Agent, Registered Office, & I	Registered Agen	Haven, FL 32444  S's Signature: ou must designate an individual or	- And Andrews
Lynn Haven, Fl  ARTICLE III - Registere The Limited Liability Comnother business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  street address of the registered ag <u>Lisa Shaw Atkinson</u>	Registered Agen	:'s Signature:	The same state of the same
Lynn Haven, Fl  ARTICLE III - Registere The Limited Liability Commother business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  street address of the registered ag <u>Lisa Shaw Atkinson</u>	Registered Agen egistered Agent. Y sent are:	:'s Signature:	TATE OF A STATE
ARTICLE III - Registere (The Limited Liability Conanother business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  street address of the registered ag  Lisa Shaw Atkinson	Registered Agen gistered Agent. Y tent are:	e's Signature: ou must designate an individual or	THE PARTY OF STATE
ARTICLE III - Registere (The Limited Liability Conanother business entity with	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.)  street address of the registered ag  Lisa Shaw Atkinson  N  3001 S. Hwy. 77	Registered Agen gistered Agent. Y tent are:	e's Signature: ou must designate an individual or	Charles of a Salar

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Mgr	Lisa Shaw Atkinson
<u></u>	3001 S. Hwy. 77
	Lynn Haven, FL 32444
	Bylli Haven, I E 32444
Mgr	William E. Shaw, Jr.
	3001 S. Hwy. 77
	Lynn Haven, FL 32444
•	
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	of filing: 07/20/2015 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 o
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.)	ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any	ecific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date of fective date is listed, the date must be spendfiling.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	peet the applicable statutory filing requirements, this date will not lost State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mannent's effective date on the Department of LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a menute of the department of the department of the date inserted in this document is executed a mean aware that any laise	ecific and cannot be more than five business days prior to or 90 contents the applicable statutory filing requirements, this date will not business records.
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EV: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mannent's effective date on the Department of the LE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a method This document is executed a man aware that any faise constitutes a third degree	mber or an authorized representative of a member. and in accordance with section 603.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

ARTICLE IV-

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