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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	Allied	SANITATION Name of Limited Liabili		·	
The enclosed	Articles of Organizatio	on and fee(s) are submitted	for filing.		
Please return a	all correspondence con	cerning this matter to the f	ollowing:		
	VINC	ENTP.T	ONA		
_	V	Name of			
_		Firm/Co	mpany		
	214/	MONTAN	t. Dr		
_	PAlm	BeacH G	iss TARGENS	F1. 3341 Mail. con	10
, 	VINCE!	City/State and Company	d Zip Code /A O O nnual report notificati	MAIL. Con	
'ar furthar infa	rmation concerning this		imuar report notineati	011)	
; /	-	Area Code) 335- Daytime Telephon		
Enclosed is a	check for the following	g amount:			
]\$125.00 Filinį 	g Fee \$130.00 F Certificat	te of Status Certific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address		Street Address		
	New Filing Section Division of Corpor		New Filing Section Division of Corporati	one	
	P O Box 6327		Division of Corporati Clifton Building	JIIS	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
AlliEd SANITATION. 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:
214 MONTANT OR.
214 MONTANT DR DAIM BEDCIT GARGENS SAME II 33410
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:
VINCENT P TONA
Name
Z14 MONTANT DR
PAIM BEACH GARJEN F1. 33410
City State 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 profided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

MGR	VINCENT. P. TONA 214 MONTANT DR PAIM BEACH FIORIGA 3341
(Use attachment if necessary) FICLE V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days after
date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as
abcument's effective date on the Department	
TICLE VI: Other provisions, if any.	
·	n cutr. Cond
REQUIRED SIGNATURE: Signature of a me This document is execu I am aware that any false constitutes a third degre	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Starbtes, e information submitted in a document to the Department of Starte e felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Signature of a me This document is execu I am aware that any false constitutes a third degre	ted in accordance with section 605.0203 (1) (b), Florida Statisties.