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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : 119990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Consolidated Waste Services of Florida, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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M BURR KEIM CO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Consolidated Waste Services of Florida, LLC
(Must contain 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: |
|---------------------------------|---------------------------------|
| 17720 Gulf Boulevard, Suite 300 | 17720 Gulf Boulevard, Suite 300 |
| Redington Shores, FL 33708 | Redington Shores, FL 33708 |
| | |

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:

Name

17720 Gulf Boulevard, Suite 300

Florida street address (P.O. Box NOT acceptable)

Redington Shores FL 33708

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 standary elating to the proper and complete performance of my dunes, 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)

18 HAY IT AMII: 0

M BURR KEIM CO (((H180001533663)))

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Membe | |
| "MGR" = Manager | |
| AMBR | Fred W. Olsen |
| | 17720 Gulf Boulevard, Suite 300 |
| | Redington Shores, FL 33708 |
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