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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GILLIGAN, GOODING, FRANJOLA & BATSEL
Account Number : I20010000016
Phone : (352)867-7707
Fax Number : (352)867-0237

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

Email Address: matte4pointocala.com

FLORIDA LIMITED LIABILITY CO.

Brookhaven Solid Waste, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

OCT 09 2020

T. SCOTT

FILED

2020 OCT -8 AM 8:31

2020 OCT -8 AM 11:47

NOTICE
OF
CANCELLATION
OF
STATUS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Brookhaven Solid Waste, LLC

ARTICLE II - Address:

The street and mailing address of the principal office of the Limited Liability Company is:

Principal Office Address:

4349 SE 20th Street
Ocala FL 34471

Mailing Address:

4349 SE 20th Street
Ocala FL 34471

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:

W. James Gooding III
Name

1531 SE 36th Avenue
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34471
City, State, and 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 provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Matt Fabian
4349 SE 20th Street
Ocala, FL 34471

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ARTICLE V: Effective Date, if other than the date of filing: _____ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

ARTICLE VI: Other Provisions, if any.

These Articles may be amended as set forth in company's operating agreement.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.)

W. James Gooding III, as Agent for Member
Typed or printed name of signee