Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: LSIDRODND@YAHOO.COM

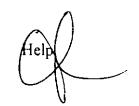
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FLORIDA LIMITED LIABILITY CO. JR'S DUMPSTERS RENTALS LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130,00

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H22000124148

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JR'S DUMPSTERS RENTALS 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:

2996 STATE ROAD 64 E

ZOLFO SPRINGS, FL 33890

2996 STATE ROAD 64 E ZOLFO SPRINGS, FL 33890

202. 0 0. 1...100, 1 2 00000

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:

ISIDRO DEANDA

Name

2996 STATE ROAD 64 E

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

ZOLFO SPRINGS

FL 33890

City

Zip

2022 APR - 5 AM 8: 41

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

egistered Agent's Signatur (REQUIRED) ISIDRO DEANDA

(CONTINUED)

Page 1 of 2

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	ISIDRO DEANDA
- AMEDIA	2996 STATE ROAD 64 E
	ZOLFO SPRINGS, FL 33890
	
(Use attachment if necessary)	
CLE V: Effective date, if other than	e date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 90 days af
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Page 2 of 2