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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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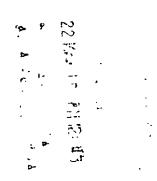
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T. SCOTT,
APR - 7 2022



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COVER LETTER

SUBJECT: Daves Dumpsters and Hauling Lic Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David Bellavia Name of Person
Daves Dumpsters and Hauling Lic
7990 SE RIVER LONE
Stuart, Florida 34997 City/State and Zip Code bellavia davida yanoo.com
E-mail address: (to be used for future annual/report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address

TO:

New Filing Section Division of Corporations

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	"E I -	Name:
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The name of the Limited Liability Company is:

(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:
7990 SE Riverlane	7990 SE RIVEY Lane
Stuart, Honda 34917	Stuart, Florida 34991

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

790 SE PIVEY LAPE

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

SHUART, FLORICA 34997

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 provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

•

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	N/A
	
(Use attachment if necessary)	
If an effective date is listed, the date must be spec the date of filing.)	f filing:
ARTICLE VI: Other provisions, if any.	State s records.
REQUIRED SIGNATURE:	ellers
Signature of a men This document is executed I am aware that any false in constitutes a third degree in	d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
LXVIA	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)