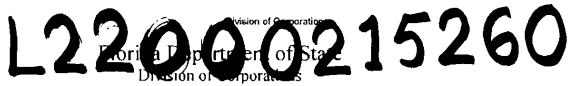
Page: 3 of 5

2022-05-19 09:56:20 CST

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From: Lexus Wingo

5/19/22, 11:53 AM



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $\frac{P}{2}$

Email Address:____

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FLORIDA LIMITED LIABILITY CO. Ft. Meade Landfill, LLC

Certificate of Status	U
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA L	AMITED LIABILITY COMPANY
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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Ft. Meade Landfill, 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:

Mailing Address:
3301 Benson Drive, Suite 601
Raleigh, NC 27609

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:

C T Corporation Sys	tem	
	Nino	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
Cly	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 Fis capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and 1 = am familiar with and a second to the proper and complete performance of my duties, and 1 = am familiar with and a second to the proper and complete performance of my duties, and 1 = am familiar with and a second to the proper and complete performance of my duties, and 1 = am familiar with and a second to the proper and complete performance of my duties, and 1 = am familiar with and a second to the proper and complete performance of my duties, and 1 = am familiar with a second to the proper and complete performance of my duties. am familiar with and accept the obligations of my position as registered agent as provided for in Oup to 605, ES!

> CT Corporation System By: Registered Agent's Signature (FEQ) FED

> > (CONTINUED)

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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		
<u>MGR</u>	Patrick Dovigi 3301 Benson Drive, Suite 601	<u>-</u>
	Raleigh, NC 27609	_
AMBR	WCA of Central Florida, Inc. 1330 Post Oak Blvd, 7th Floor	_
	Houston, TX 77056	- -
		_
		_ _
		_
		<u>-</u>
(Use attachment if necessary)		~
ARTICLEV: Effective date, if other than the	date of filing:	H 660
ine date of ming.)	<u> </u>	• •
<u>Note:</u> If the date inserted in this block does the document's effective date on the Departr	not meet the applicable statutory filing requirements, this date $\widetilde{\psi}$ ill no nent of State's records.	
ARTICLE VI: Other provisions, if any.		P
	77)	<u>. 5</u>
	· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	A 1	

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Patrick Dovigi, President of Member

Typed or printed name of signe

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)