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Name:	Weber Environmental Services	s Florida LLC
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Thank you!

COVER LETTER

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то:	New Filing Secti Division of Corp				
		onmental Service	es Florida LLC		
SUBJE	CT:	Nam	e of Limited Liab	lity Company	
The end	closed Articles of C	rganization and f	ee(s) are submitte	d for filing.	
Please	return all correspon	dence concerning	this matter to the	following:	
	Brenda R. Ya	tes			
			Name o	of Person	
	Taft Law				
			Firm/C	lompany	
	27777 Frankli	in Road, Suite 25	00		
			Ad	dress	
	Southfield, M	1 48034			
			City/State	ind Zip Code	
	pstodulski@re		he used for future	annual report notificati	on)
Eas first	ner information con			·	
1011010	Brenda R. Ya			351-3000	
	Name	of Person		Daytime Telephon	e Number
Enclos	sed is a check for th	e following amot	int;		
□\$12	5.00 Filing Fee	□\$130.00 Filir Certificate of \$	tatus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	2 160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	e Address ling Section on of Corporation ox 6327 ussee, FL 32314	5	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee eet, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Weber Environment	tal Services Florida LLC			_
(Must con	tain the words "Limited I	Liability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princi</u> j	pal Office Address:		Mailing Address:	
470 Citi Centre Stre	·et	470	Citi Centre Street	
Winter Haven, FL 3			ter Haven, FL 33880	<u> </u>
ARTICLE III - Registered Aş (The Limited Liability Compan	gent, Registered Office,	& Registered Age Registered Agent.	nt's Signature:	2023 A
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida stree	iy cannot serve as its own i active Florida registratio	Registered Agent. on.)	nt's Signature: You must designate an individual or	2023 APR -3
(The Limited Liability Compan another business entity with an	ry cannot serve as its own active Florida registration taddress of the registered	Registered Agent. on.) Lagent are:	ont's Signature: You must designate an individual or a signate and individual or a signature.	-3 PH
(The Limited Liability Compan another business entity with an	iy cannot serve as its own i active Florida registratio	Registered Agent. on.) Lagent are:	nt's Signature: You must designate an individual or property of the signate and individual or property of the signate and individual or property of the signate and individual or property of the signature.	-3 PH
(The Limited Liability Compan another business entity with an	ry cannot serve as its own active Florida registration taddress of the registered	Registered Agent. on.) Lagent are: tem Name	nt's Signature: You must designate an individual or a signate and individual or a signature.	င်္သ
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration address of the registered CT Corporation Sys	Registered Agent. on.) I agent are: tem Name	You must designate an individual or a	-3 PH
(The Limited Liability Compan another business entity with an	ry cannot serve as its own active Florida registration address of the registered C T Corporation Sys 1200 South Pine Isla	Registered Agent. on.) I agent are: tem Name	You must designate an individual or a	-3 PH

Having been named as registered agent and to accept place designated in this certificate. Thereby 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.,

Stephanie Hencz, Assistant Secretary Stephance Honcy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

DT	11/	``	Γ.	137

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	Dale L. Watchowski		
	One Towne Square, Suite 1600		
	Southfield, MI 48076		
MGR	Paul A. Stodulski		
WUK	One Towne Square, Suite 1600		
	Southfield, MI 48076	20	
		<u>>::: </u>	
		二次 春	
MGR	Edward A. Spicer		* 3
	One Towne Square, Suite 1600		APRILLA
	Southfield, MI 48076	<u>></u> ω	†
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		<u> </u>	~ ~
		No.	الحدد
		- ²⁵ CB	
		iri 😊	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than th	e date of filing: <u>03/31/2023</u>	(OPTIONAL)	
	be specific and cannot be more than five busin	iess days prior to or 90 day	/s after
the date of filing.)			
	s not meet the applicable statutory filing require	ments, this date will not be	listed as
the document's effective date on the Depart	ment of State's records.		
ARTICLE VI: Other provisions, if any.			
			_
	*****	<u> </u>	
REQUIRED SIGNATURE:	ocuSigned by:		
Pa	rnda Yales		
	/839B:8E9B6 EE an authorized representative o		
This document is	executed in accordance with section 605.0203 (1) (b). Florida Statutes.	

Brenda Yates, Authorized Representative
Typed or printed name of signee

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.