# **CT** CORPORATION SYSTEM NOLODO DOLLOZ

CORPORATION(S) NAME

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Omni Waste of St. Cloud LLC

2 MAY 24 PH 2: 0

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() Profit	() Amendment	() Merger
() Nonprofit		
Foreign	() Dissolution/Withdrawal	() Mark
/	() Reinstatement	
() Limited Partnership	() Annual Report	() Other
VALC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	
.,		
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	5/24/01	Order#: 4441162
Availability		
Document		
Examiner		$\begin{array}{rcl} & & -0.5724701 - 0.1020 - 0.102\\ & & & & \\ & & & & & \\ & & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & & \\ & & & & & & \\ & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & & \\ & & & & & & $
Updater		
Verifier		
W.P. Verifier		Amount: \$ NO
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

#### IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Omni Waste of St. Cloud LLC		<u></u>				
	(Name of foreig	n lim	ited liability compa	ny)			
2.	Qhio	3	addikted xrak	59-3717990			
	(Jurisdiction under the law of which foreign limited liability company is organized)			number, if applicable)	·		
4.		5.	Perpetual		·		
	(Date of Organization)		(Duration: Year li exist or "perpetu	nited liability compan al")	y will cease to		
6.			-				
	(Date first transacted business in Florida. (S	lee se	ctions 608.501, 608	3.502, and 817.155, F.	<u>S.)</u>		
7.	100 Church Street, Kissimmee, Florida 3474	1					
	(Street addre	ess of	principal office)	· •••	SE OI	}	
8. If limited liability company is a manager-managed company, check here							
9.	The usual business addresses of the managing m	emb	ers or managers	are as follows:	21, P SSEE,	FILE	
	Timothy J. Salopek, P.O. Box 421613, Kissimm	ee.	Florida 34742-	1613	OF S		
					102 TE		
				· · · · ·			
		-	<u></u>				
10	Attached is an original certificate of existence, no more than	.90 da	ays old, duly authen	icated by the official h	aving custody of record	ds in	
the	e jurisdiction under the law of which it is organized. (A photoc	copyi	s not acceptable. If	the certificate is in a for	reign language, a		
	nslation of the certificate under oath of the translator must be s						
11	Notire of hypinose or numpered to be senduated		wanted in Tite	ide. This limit	ad länkilät.		
11	. Nature of business or purposes to be conducted	l or p	promoted in Floi	ida: <u>Inis limit</u>	ted liability		
	company may engage in any lawful business per	mitt	ed by the Flori	da Statutes or th	ne laws of any		
	jurisdiction in which this limited liability	Somb	any may do busi	ness.			
	Alminit.10	M	ader		_		
	Signature of a member or an a				Γ.		
	(In accordance with section 608.408(3)						
	an affirmation under the penalties of p Data na C D D D	An		nerein are true.)			
	Deanna L. Read	uer			-		

Typed or printed name of signee

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

#### Omni Waste of St. Cloud LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation Syste	m	
	L MAY	
c/o C T Corporation S	FIL ASSE	
	street address (P.O. Box NOT ACCEPTABLE)	
Plantation	<b>FL</b> 33324	IATE
	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 608, F.S.

CT Corporation System Susan J. Metric		Assistant Secretary
() (Signature)		17 17 17
	\$ 100.00	Filing Fee for Application
	\$ 25.00	<b>Designation of Registered Agent</b>
	\$ 30.00	Certified Copy (optional)
	\$ 5.00	Certificate of Status (optional)

# UNITED STATES OF AMERICA, STATE OF OHIO, OFFICE OF THE SECRETARY OF STATE.

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show OMNI WASTE OF ST. CLOUD LLC, an Ohio Limited Liability Company, Registration No. 1225041, registered to transact business in Ohio on April 27, 2001, and said registration is currently in FULL FORCE AND EFFECT upon the records of this office.

APPROVEL AND FILED OI MAY 24 PM 2: 02 SECRETARY OF STATE FALL AHASSEE, FLORIDA



WITNESS my hand and official seal

at Columbus, Ohio on

May 18, 2001

Curreth Blachmell

J. Kenneth Blackwell Secretary of State