

M070000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

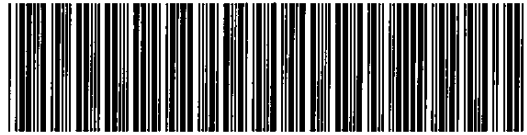
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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01/09/07--01033--014 \*\*125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**SHERRARD & ROE, PLC**

ATTORNEYS AT LAW  
424 CHURCH STREET, SUITE 2000  
NASHVILLE, TENNESSEE 37219  
(615) 742-4200  
FACSIMILE (615) 742-4539  
WWW.SHERRARDROE.COM

January 8, 2007

**VIA FEDERAL EXPRESS**

Florida Registration Section  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Foreign Qualification of CMS Hauling Operations Company, LLC**

Greetings:

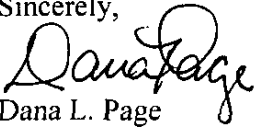
Enclosed are the following qualification documents in connection with the captioned entity:

1. Cover Letter;
2. Certificate of Designation of Registered Agent/Registered Office
3. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
4. One (1) original Certificate of Existence issued by the Tennessee Secretary of State Office; and
5. Check No. 1204 payable to Registration Section for \$125.00 to cover the filing fee.

Please file the application and return evidence of filing to our office in the self-addressed stamped envelope provided.

Feel free to call our office if you should have questions or concerns. Thank you.

Sincerely,

  
Dana L. Page  
Paralegal

/dlp  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMS Hauling Operations Company, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Dana L. Page  
(Name of Person)

Sherrard & Roe, PLC  
(Firm/Company)

424 Church Street, Suite 2000  
(Address)

Nashville, TN 37219  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dana L. Page at ( 615 ) 742-4536  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. CMS Hauling Operations Company, LLC  
(Name of Foreign Limited Liability Company)

2. TENNESSEE 3. 38-3739542  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 3, 2006 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1941 Cement Plant Road, Nashville, TN 37208  
\_\_\_\_\_  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

David Freeman, President, 1941 Cement Plant Road, Nashville, TN 37208  
\_\_\_\_\_  
\_\_\_\_\_

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Medical waster trans-  
port and processing

David Freeman  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David Freeman

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:

CMS Hauling Operations Company, LLC

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

NRAI Services, Inc.

(Name)

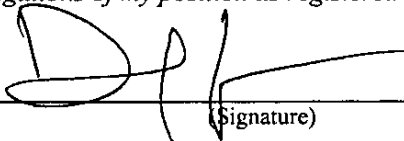
2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston, FL 33331

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, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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**Secretary of State**  
**Division of Business Services**  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 01/05/2007  
REQUEST NUMBER: 07005146  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/03/2006  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0526606  
JURISDICTION: TENNESSEE

TO:  
SHERRARD & ROE  
DANA L. PAGE  
424 CHURCH STREET  
NASHVILLE, TN 37219

REQUESTED BY:  
SHERRARD & ROE  
DANA L. PAGE  
424 CHURCH STREET  
NASHVILLE, TN 37219

**CERTIFICATE OF EXISTENCE**

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
-----  
"CMS HAULING OPERATIONS COMPANY, LLC"

-----  
A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF  
FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JAN -9 PM 2:40

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FOR: REQUEST FOR CERTIFICATE

ON DATE: 01/05/07

FROM:  
SHERRARD & ROE (424 CHURCH ST.)  
424 CHURCH STREET  
SUITE 2000  
NASHVILLE, TN 37219-0000

RECEIVED:            FEES            \$0.00  
                         \$180.00  
TOTAL PAYMENT RECEIVED:       \$180.00

RECEIPT NUMBER: 00004065680  
ACCOUNT NUMBER: 00092398



*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE