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| | (Requestor's Name) | |
|----------------------|-----------------------|-----------|
| | (Address) | |
| <u> </u> | (Address) | |
| | (City/State/Zip/Phone | #) |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Nam | ne) |
| | (Document Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions | s to Filing Officer: | |
| | A. LUNT | |
| | AUG -1 2008 | |
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COYER LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|-----------------------------|--|---|-----------|
| subject: Rec | cycling Machines & | Granulates, LLC of Limited Liability Company) | | |
| Florida," Certificat | olication by Foreign Limit | ted Liability Company for Authorization tare submitted to register the above refere | | |
| Please return all co | orrespondence concerning | this matter to the following: | | |
| Ca | roline Cerene | | | |
| | | (Name of Person) | 4-1 | |
| The | e Cerene Immigrati | on Law Firm, LLC | | |
| | | (Firm/Company) | ALL/ SEC: | , emiliad |
| 511 | 9 19th Street Wes | | SECRETARY | 11 |
| | | (Address) | TH D | |
| Bra | denton, FL 34207 | | 2: 4 STATE CORIE | |
| | (0 | City/State and Zip Code) | - 51 - 5 | |
| For further informa | ation concerning this matte | er, please call: | | |
| Caroline | Cerene | at (941) 447-9934 | | |
| | (Name of Person) | (Area Code & Daytime Telepl | hone Number) | |
| | | STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| Enclosed is a check | | | Filing Fee, Certif of Status & Certi | |

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:

| | chines & Granulates, LLC |
|---|--|
| (Name of Foreign | imited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| | alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writter managing members adopting the alternate name. The alternate name must include "Limited Liability C.") |
| _{2.} State of Wyon | ing 3. |
| (Jurisdiction under the company is organized) | aw of which foreign limited liability (FEI number, if applicable) |
| 4. 10/23/2002 | _{5.} Perpetual |
| (Date of | Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| _{5.} Has not trans | acted business in Florida yet |
| - | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7 | 6702 Pointe West Blvd |
| | Bradenton∦FL 34209 |
| | (Street Address of Principal Office) |
| • | ompany is a manager-managed company, check here \square |
| The name and usua | l business addresses of the managing members or managers are as follows: |
| Michel Ceren | e - 6702 Pointe West Blvd, Bradenton, FL 34209 |
| | |
| | |
| | |
| 0. Attached is an original | ertificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in |
| he jurisdiction under the la | v of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a |
| | under oath of the translator must be submitted.) |
| 1. Nature of busines | or purposes to be conducted or promoted in Florida: any and all lawful |
| business | |
| | 10-00 |
| | 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.) |
| | Michel Cerene |
| | Typed or printed name of signee |

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.

| Recycling Machines & Granulates, L | LC |
|--|----------------------------------|
| If name unavailable, the alternate name to be used | in the state of Florida is: |
| 2. The name and the Florida street address of the | registered agent and office are: |
| Caroline Cerene | |
| () | SECRET |
| 5119 19th Street West | AHAKA JUL |
| Florida Street Address (P. | O. Box NOT ACCEPTABLE) |
| Bradenton, FL 34207 | FL P 2: |
| ~: | ry/State/Zip |

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)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Recycling Machines & Granulates LLC is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on October 23, 2002, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2002-000440717.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of July, 2008 at 9:31 AM. This certificate is assigned 003268020.



Max Massiele Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wv.gov and following the instructions displayed under Validate Certificate.