M110000000328

(Requestor's Name)						
(Address)						
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,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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2011 JAN 24 PM : \$ 55 -SECRETARY OF STATE

JAN 25 2011 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2011

ROBIN SCHMIDT TRADEBE TREATMENT AND RECYCLING, LLC 4343 KENNEDY AVE. E. CHICAGO, IL 46312

SUBJECT: TRADEBE TREATMENT AND RECYCLING, LLC

Ref. Number: W11000002043

We have received your document for TRADEBE TREATMENT AND RECYCLING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the jurisdiction of the company.

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00001074

COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: Tradebe Treatment And Recycling, LLC	
Name of Limited Liability Company	
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica xistence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	
lease return all correspondence concerning this matter to the following:	
Robin Schmidt	
Name of Person	
Tradebe Treatment and Recycling, LLC	
Firm/Company	
4343 Kennedy Ave	
Address	
East Chicago, IN 46312	
City/State and Zip Code	
rschmidt@pollutioncontrol.com E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Robin Schmidt at (219) 397-3951	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
nclosed is a check for the following amount: \$\sumsymbol{I}\$125.00 \text{ Filing Fee}\$ Certificate of Status \$\sumsymbol{S}\$155.00 \text{ Filing Fee & S}\$160.00 \text{ Filing Fee, Certificate of Status}\$ Certified Copy	

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. Tradebe Treat (Name of Foreign	ment and Recycling, L n Limited Liability Company; n	_LC nust include "Limi	ted Liability Company,	"L.L.C.," or "LLC.")	
	nter alternate name adopted for to s or managing members adopting LC.")				
2 <u>X Delawar</u> (Jurisdiction under the company is organized	e law of which foreign limited l l)	3. <u>36-3</u>	827403 (FEI number, if	applicable)	
4. Jan. 1, 2011 (Date o	of Organization)		etual ation: Year limited liabi or "perpetual")	lity company will ceas	e to-
6	(Date first transacted busin (See sections 608.501 & 608	less in Florida, if p 3.502 F.S. to determ	rior to registration.) nine penalty liability)	SECRE TALLAL	<u>-</u> -
7. <u>4343 Kenned</u>				ASSEE O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
East Chicago, 8. If limited liability		Address of Princi		F_ORIO	# 55
X Alberto Di	eval business addresses of the control 4343 Kenned	ly Ave. Ea	st Chicago, Il	V 46312 CT	
10. Attached is an originathe jurisdiction under the translation of the certification	al certificate of existence, no more law of which it is organized. (A ste under oath of the translator mules or purposes to be cond	e than 90 days old, o photocopy is not ac ust be submitted.)	duly authenticated by the eceptable. If the certificate	official having custody is in a foreign languag	of records in ge, a
***************************************	Signature of a member of	or an authorize	l 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. 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.)

Michael Ferraro

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.

1. The name of the Limited Liability Company is:	
Tradebe Treatment Recycling, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Shawn Gurley	2011 TAL TAL
(Name)	FIL ECRILIAS LLAHASS
1732 Kingsley Avenue Suite 203	SSS -
Florida Street Address (P.O. Box NOT ACCEPTABLE)	YOFSI
Orange Park _{FL} 32073	255 ATE DRID
City/State/Zip	_ 0, 0

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)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRADEBE TREATMENT AND RECYCLING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRADEBE TREATMENT AND RECYCLING, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER, A.D. 1991.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

2283576 8300

110013097

Jeffrey W Bullock, Secretary of State

AUTHENTY CATION: 8473107

DATE: 01-05-11

You may verify this certificate online at corp. delaware.gov/authver.shtml