Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:				
	Markett Sa			

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NOV -4 AM 8: 00

ECRETARY OF STATE

Foreign Limited Liability Company Advanced Disposal Service Putnam County Landfill, LL

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

K.SALY EXAMINER NOV - 5 2013

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Corporate Filing Menu

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CR2E027 (9/10)

	•	COVER LETTER	R
TO: Regi Divi	stration Soction sion of Corporations		
SUBJECT	ADVANCED DISPOSAL SERV	/ICES PUTNAM COUNTY L	Landfill, ILC
		Name of Limited Liability Co	ompany
The anciosed Existence, and	"Application by Foreign Limited I d check are submitted to register th	Liability Company for Authoric a above referenced foreign lin	ization to Transact Business in Florida," Certificate of mited liability company to transact business in Florida
Please return	all correspondence concerning this	matter to the following:	•
	RINA DANIELSON		•
		Name of Person	
	CT CORPORATION		
		Firm/Company	
t200 S. Pine Island Road			
		Address	
	Plantation, FL 33324		
•		City/State and Zip Code	le .
	H-mall address	ts: (to be used for future annua	al mont notification)
Por further in	formation concerning this matter, p	-	,
Rine	Danielson	954 al (745-3604
	Name of Person	Area Code & Daytim	ne Telephone Number
Divis Regi P.O.	ILING ADDRESS: stration Section Box 6327 shassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center C Tallahassee, FL 32301	
	a check for the following am 25.00 Filing Poo	nount: iling Fee & C \$155.00 Fil e of Status Centified C	

(3/5) FILED

13 NOV -4 AM 9: 14

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTO	
	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter afternate name adopted for the purp consent of the managers or managing members adopting the alt Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the written ternste name. The alternate name must include "Limited Liability
2. Delawere	3. Applied for
(Jurisdiction under the law of which foreign limited liability company is organized)	(Fill number, If applicable)
4. October 31, 2013	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. October 31, 2013	
(Date first transacted business in F (See sections 608.501 & 608.502 P.	lorida, if prior to registration.) S. to determine pensity liability)
7, c/o 90 Fort Wade Road	
Ponte Vedra, PL 32082	
(Street Address	ss of Principal Office)
8. If limited liability company is a manager-manage	d company, check here 🔲
9. The name and usual business addresses of the ma	maging members or managers are as follows:
ADVANCED DISPOSAL SERVICES SOUTH, INC.	
90 Fort Weds Road	
Ponte Vedra, Florida 32082	
10. Attached is an original certificate of existence, no more than 5 the jurisdiction under the law of which it is organized. (A photoc translation of the certificate under oath of the translator must be st	
11. Nature of business or purposes to be conducted	or promoted in Florida:
Environmental Services and every other lawful purpose	
Chro	
	uthorized representative of a member.
penalties of perjury that the facts stated harein are	eculen of this document constitutes an affirmation under the true. I am aware that any false information submitted in a as a third degree follony as provided for in s.817.155, F.S.)
CHRISTIAN B. MILLS	

Typed or printed name of signce

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:
ADVANCED DISPOSAL SERVICES PUTNAM COUNTY, 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:

	C T Corporation System
×	(Name)
	. 1200 South Pine Island Road
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
Plantation	FL 33324
	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.

Sandra Ortega

(Signature)

Sandra Ortega

Assistant Secretary

S 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

Certified Copy (optional)

Certificate of Status (optional)

\$ 30.00

5.00

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVANCED DISPOSAL SERVICES PUTNAM COUNTY LANDFILL, 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 FIRST DAY OF NOVEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5424979 8300

131258478

You may verify this certificate online at cosp. deleware. gov/authver. shtml

AUTHENTICATION: 0860180

DATE: 11-01-13