## M19000004529

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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2019 MAY -6 PM 4: 39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 7 2019

Y SCOTT

19 MAY -6 AM IO: 43
"EPARTMENT OF STATE
VISION OF CORPORATION
FALLAMASSEE, FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 750984 7675178

AUTHORIZATION

COST LIMIT :/\S 125.00

ORDER DATE : May 3, 2019

ORDER TIME : 4:49 PM

ORDER NO. : 750984-005

CUSTOMER NO: 7675178

FOREIGN FILINGS

NAME: SIMS MUNICIPAL RECYCLING OF

NEW YORK, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

	Name of	Limited Liability Company	/	
The enclosed "Application by Fo Existence, and check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authorization to T enced foreign limited liabil	ransact Business in Florida ity company to transact bus	a," Certificate o siness in Florid
Please return all correspondence	concerning this matter to the	following:		
Cynthia Ta	t			
	N	ame of Person	TA	20
Sims Muni	cipal Recycling of New Yo	irk, LLC	ECRE	F   2019 HAY
		rm/Company	ASSEE	9 1
200 West	Madison Street, Suite 360	00	——————————————————————————————————————	
		Address	DRIDA	_   <sub>4</sub> : 39
Chicago,				_
	City/S	tate and Zip Code		
Taxdepa  For further information concerning		d for future annual report n	otification)	_
Cynthia T	ait of Contact Person	at (312) Area CodeD	644-8497 aytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREI Divisio Registr Clifton 2661 E	ET ADDRESS:  n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301	
Enclosed is a check for the follow   (2) \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, of Status & Certified C	

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	rids. The alternate name must include "Limited	Liability Company," "L.L.C," or "LI,C.")
2. Delawar	e ch foreign limited liability company is organized)	3. <u>26-1910446</u>	umber, if applicable)
		(1	and the state of t
4. May 8th, 2019	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	registration.)	
5. 472 2nd Avenue	(See Sections to Novova et 100,0700), P.S. 10 deletina	•	Street Suite 3600
(Street Address of Pr		(Mailing a	
Brooklyn, NY 1123:	<u> </u>	Chicago, IL 60606	•
7. Name and street address	of Florida registered agent: (P.O. Box	NOT acceptable)	2019 HAY
Name:	Corporation Service Company		IASS
Office Address:	1201 Hays Street		SEE FI
Registered agent's accept			STATE LORIDA
Having been named as reg designated in this applicate to comply with the provision and accept the obligations	(City) ance: eistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company	(Zip process for the above stated limi is registered agent and agree to a	ted liability company at the place act in this capacity. I further agree by duties, and I am familiar with
Having been named as reg designated in this applicate to comply with the provision and accept the obligations	(City) ance: istered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	orocess for the above stated liming registered agent and agree to a and complete performance of no Lydia Cohen Asst. Vice Presiden	ted liability company at the place act in this capacity. I further agree by duties, and I am familiar with
Having been named as reg designated in this applicate to comply with the provision and accept the obligations	(City) ance: eistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By:	orocess for the above stated liming registered agent and agree to a and complete performance of n  Lydia Cohen Asst. Vice President	ted liability company at the place act in this capacity. I further agree by duties, and I am familiar with
Having been named as reg designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capac	(City) ance: eistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By:  (Registered agent's service and address of the person(s) who ha	orocess for the above stated limits registered agent and agree to a and complete performance of n  Lydia Cohen Asst. Vice President  s/have authority to manage is/are  Title or Capacity:  Vice President	ted liability company at the place act in this capacity. I further agree by duties, and I am familiar with
Having been named as reg designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capacity:	(City) ance: eistered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By:  (Registered agent's service) (Registered agent's service) (Registered agent's service) Thomas Outerbridge 472-490 30th Street Pier	orocess for the above stated limits registered agent and agree to a and complete performance of n  Lydia Cohen Asst. Vice President  signature)  s/have authority to manage is/are  Title or Capacity:  Vice President  Vice President	ORDER 33  sted liability company at the place act in this capacity. I further agree by duties, and I am familiar with the stem of the stem
Having been named as reg designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capacities Title or Capacity: General Manager	(City) ance: ristered agent and to accept service of pion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent. Corporation Service Company By:  (Registered agent's serity and address of the person(s) who has Name and Address:  Thomas Outerbridge  472-490 30th Street Pier  Brooklyn, NY 11232  Scott Miller  555 Theodore Fremd Ave Steren.	orocess for the above stated limits registered agent and agree to a and complete performance of n  Lydia Cohen Asst. Vice President  signature)  s/have authority to manage is/are  Title or Capacity:  Vice President  Vice President	Name and Address:  Rodney Shields One Linden Ave East Jersey City, NJ 07305  Brent Stewart 200 West Madison Street, Suite 36

Brent Stewart - Vice President - Risk Management and Treasury

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SIMS MUNICIPAL RECYCLING OF NEW YORK

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 THIRD DAY OF MAY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SIMS MUNICIPAL RECYCLING OF NEW YORK LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2007.

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





Authentication: 202762891

Date: 05-03-19

4468240 8300 SR# 20193529794