M21000012110

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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021 SEP 14 PM 3: 4:

1 1 1

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 9998042 4311279
AUTHORIZATION TO THE BEEN AUTHORIZATION
COST LIMIT : \$ 125.00
ORDER DATE : September 14, 2021
ORDER TIME : 2:17 PM
ORDER NO. : 998042-005
CUSTOMER NO: 4311279
FOREIGN FILINGS
NAME: COASTAL WASTE & RECYCLING OF CENTRAL FLORIDA, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker EXT# 61594

EXAMINER:

COVER LETTER

TO:		istration Section ision of Corporatio	ns						
SUBJE	CT:	Coastal Waste & Ro	ecycling of Central Florida,	LI.C			_		
			Name of	Limited Liability	Сотралу				
The enc Existence	losed ce, an	"Application by Ford check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriz enced foreign limi	ation to Tr ited liabilit	ansact Business in Florida, y company to transact busi	" Certificate of ness in Florida.		
Please re	eturn	all correspondence	concerning this matter to the	following:					
		Colleen A. Ba	rtini, Paralegal						
			N	lame of Person			-		
		Whiteman Os	terman & Hanna LLP						
	Firm/Company								
		One Commer	ce Plaza						
				Address	•		•		
		Albany, NY 12	2260						
			City/S	State and Zip Code	:		•		
		cbartini@woh.c	com						
			E-mail address: (to be use	d for future annua	report not	lification)			
For furth	er in	formation concerning	g this matter, please call:						
	Coll	een A. Bartini, Par	ralegal	518 at (487-76	543			
		Name o	f Contact Person	Area Code	Day	rtime Telephone Number			
	Divis Regis P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ice, FL 32301			
		check for the follow 25.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Cop			

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:

f name unavailable, enter alternat	name adopted for the purpose of transacting	g business in Florida. The	alternate name must include "Limited Lis	bility Company," "L	.L.C," or "LLC.")
DE		3			
	which foreign limited liability company is o	rganized)	(FEI nem	ber, if applicable)	
. N/A					
	(Date first transacted business in FI (See sections 605.0904 & 605.090)				~ □
1840 NW 33rd Stree	Į.	6.	1840 NW 33rd Street		<u> </u>
(Street Address	f Principal Office)		(Mailing Add	ress)	<u>~~~</u>
Pompano Beach, FL	33064		Pompano Beach, FL 33064	,	
				_	
. Name and street addr	ess of Florida registered agent:	(P.O. Box NOT	acceptable)		===
Name:	Brendon J. Pantano, Chief	Executive Officer			7: 5
Office Address	1840 NW 33rd Street				9
	Pompano Beach		, Florida 33064		
		City)	, Fibrida	<u> </u>	
esignated in this applic comply with the provi	ptance: registered agent and to accept ation, I hereby accept the app sions of all statutes relative to ns of my position as registered By:	service of process ointment as regist the proper and co d agent	for the above stated limited tered agent and agree to act	liability comp in this capacit	ly. I further
laving been named as esignated in this applic occupily with the provind accept the obligation	ptance: registered agent and to accept ation, I hereby accept the app sions of all statutes relative to ns of my position as registered By: (Reg Brendon J. Pantano, Chief E	service of process sointment as regist the proper and cod agent. gistered agent's signature) Executive Officer	for the above stated limited tered agent and agree to act implete performance of my	liability comp in this capacit	ly. I further
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COASTAL WASTE & RECYCLING OF CENTRAL

FLORIDA, 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 FOURTEENTH DAY OF

SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COASTAL WASTE & RECYCLING OF CENTRAL FLORIDA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2021.

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

Authentication: 204152285

Date: 09-14-21