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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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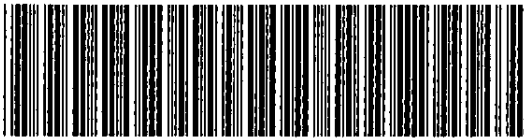
(Business Entity Name)

(Document Number)

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SECTION
DIVISION OF CORPORATIONS

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May 29, 2012

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Waste Pro Historical Museum, Inc.

Dear Sir or Madam:

Enclosed is an original and one (1 copy of the Articles of Incorporation for Waste Pro Historical Museum, Inc., along with a check in the amount of \$87.50 representing payment for the filing fee, certified copy and certificate of the same.

Please accept the Articles for filing and return a certified copy and certificate of the Articles.

Sincerely,

John J. Jennings

Enclosures

ARTICLES OF INCORPORATION
WASTE PRO HISTORICAL MUSEUM, INC.
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I
NAME

The name of the corporation shall be: Waste Pro Historical Museum, Inc.

ARTICLE II
PRINCIPAL OFFICE

Principal Street Address
3705 St. John's Parkway
Sanford, Florida 32771

Mailing Address
2101 W. State Road 434, Suite 315
Longwood, Florida 32779

ARTICLE III
PURPOSE

The purpose for which the corporation is organized is Community Outreach.

ARTICLE IV
MANNER OF ELECTION

Members of the Board of Directors shall be elected and appointed by a majority vote of the Board of Directors.

ARTICLE V
INITIAL OFFICERS AND/OR DIRECTORS

Chief Executive Officer
John J. Jennings
100 Amberwood Court
Longwood, Florida 32779

Executive Vice President
Robert J. Hyres
5227 Royal Paddock Way
Merritt Island, Florida 32953

Chief Financial Officer
Don Phillips
1561 Westover Loop
Heathrow, Florida 32746

50 EQ
STATE OF FLORIDA
COUNTY OF BAY
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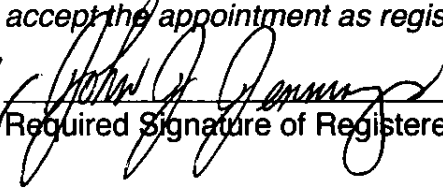
**ARTICLE VI
REGISTERED AGENT**

Robert J. Hyres
2101 W. State Road 434, Suite 315
Longwood, Florida 32779

**ARTICLE VII
INCORPORATOR**

John J. Jennings
2101 W. State Road 434, Suite 315
Longwood, Florida 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

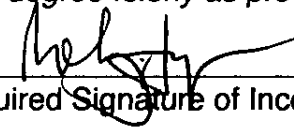


Required Signature of Registered Agent

5-25-12

Date

I submit this document and affirm 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.



Required Signature of Incorporator

5/25/12

Date

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DIVISION OF CORPORATIONS
STATE OF FLORIDA