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TRANSMITTAL LETTER
FILED

00 JUL -7 PM 2: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-07/07/00--01065--014
*****78.75 *****78.75

SUBJECT:

ALL-WASTE OF FLORIDA Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JOHN M. BURNS
Name (Printed or typed)

24800 JENNINGS ROAD
Address

MYAKKA CITY, FL 34251
City, State & Zip

941-322-9668
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

R. L. 100

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

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ALL-WASTE OF FLORIDA INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

24800 JENNING ROAD-MYAKKA CITY, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RECYCLING

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

JOHN M. BURNS

24800 JENNINGS ROAD
MYAKKA CITY, FL 34251

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAME AS ABOVE

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

Signature/Registered Agent

Date

7.3.00

Signature/Incorporator

Date

7.3.00