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Fax Number : (850) 617-6380

From:

Account Name : MARY G STEWART CPA PA

Account Number : 120080000065 Phone : (941)258-3191

Fax Number : (941)258-3192

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

Email Address:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ADVANTAGE WASTE INDUSTRIES, INC.

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**Articles of Incorporation** 

ADVANTAGE W	ASTE INDU	STRIES, II	NC.			
(Name of Corporation as cu	rrently filed with	the Florida D	ept. of State)			
PC	4000137692	2				
(Document N	umber of Corpora	ition (if known)				
Pursuant to the provisions of section 607.16 amendment(s) to its Articles of Incorporation		ates, this <i>Flori</i>	da Profit Corporution ad	opts the follo	gníwi	
A. If amending name, enter the new name	of the corporati	on:				
	N/A			The new		
name must be distinguishable and contait abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "(	Corp," "Inc," (	or "Co". A professional	ted" or the corporation		
B. Enter new principal office address, if a	pplicable:	N/A				
(Principal office address <u>MUST BE A ST</u> RI		1			ESE .	
		<u> </u>		ے	LA.	
				_	F 2	
C. Enter new mailing address, if applicat					SER	
(Mailing address MAY BE A POST OF)	FICE BOX)	N/A		- <b>₽</b>	프	
				_ ::	SE SE	
				_ <del>2</del>	回河	
D. If amending the registered agent and/o			lorida, enter the name of	the		
new registered agent and/or the new re	gistered office a	<u> </u>				
Name of New Registered Agent:	N/A	<del> </del>				
			<del> </del>			
New Registered Office Address:	(Florida street address)					
			, Florida	<u> </u>		
	(Cit)	<i>i</i> )	(Zip Code)			
New Registered Agent's Signature, if chan						
I hereby accept the appointment as registered	d agent. I am fan	niliar with and	accept the obligations of t	he position.		
_			·			
	Signature of Ne	w Registered A	gent, if changing			

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Directors being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
Treasu	Raymond B. Tressmer	4179 Rock Creek Drive Port Charlotte, FL 33948	☑ Add ☐ Remove
			Add Remove
n/a	itional sheets, if necessary). (Be specifi		
provisions	ndment provides for an exchange, recl s for implementing the amendment if n applicable, indicate N/A)	assification, or cancellation of iss of contained in the amendment	ued shares, itself:
n/a			

The date of each amendment(	s) adoption: December 23,	2009	CA 100	000011323)
Effective date if applicable:	December 23, 2009	otion is required)		
	(no more than 90 days after am	nendment file dat	e)	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. 're sufficient for approval.	The number of v	otes east for the	amendment(s)
The amendment(s) was/were must be separately provided	e approved by the shareholders I for each voting group entitled	through voting g to vote separatel	roups. The follo ly on the amendn	wing statement nent(s);
"The number of votes of	east for the amendment(s) was/v	vere sufficient fo	r approval	
by		<b></b> ** .		
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the board of direct	tors without shar	eholder action ac	nd shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators	without sharehol	der action and sh	areholder
Dated Dece	ember 22, 20997	_ 		
Signature	W/M	<u> </u>		
sele	a director, president or other of cted, by an incorporator — if in t pinted fiduciary by that fiduciar	the hands of a rec		
	David	l Tressmer		_
	(Typed or printed t	name of person s	igning)	<u> </u>
•		•		
		esident		
	(Title of person signin	Ig)		

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