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(Requestor's Name)

(Address)

(Address)

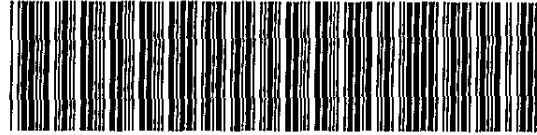
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/04/05--01057--006 **87.50

Special Instructions to Filing Officer:

Cindy **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article
DATE 4/7/05
DOC. EXAM D. White

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D. WHITE APR - 7 2005

TRANSMITTAL LETTER

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

SUBJECT: East Coast Waste Solutions, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Cindy Rose

Name (Printed or typed)

P.O. Box 23418

Address

Jacksonville, FL 32241-3448-3418

City, State & Zip

904-610-7701

Daytime Telephone number

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

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:

East Coast Waste Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 23418
Jacksonville, FL 32241-3418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Environmental compliance services

ARTICLE IV SHARES

The number of shares of stock is:

200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cindy Rose
Chief Financial Officer & Secretary
P.O. Box 23418
Jacksonville, FL 32241-3418

Richard Rose, Jr.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Cindy Rose
11624 Falling Leaf Trail
Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cindy Rose
11624 Falling Leaf Trail
Jacksonville, FL 32258

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



Signature/Incorporator

FILED

2005 APR -4 P 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/1/05

Date

4/1/05

Date