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COVER LETTER

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

Tallahassee, FL 323	114		
SUBJECT: Togethe	or Waste, Inc. (PROPOSED CORPORA)	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: Pa	ula Arwood Name (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	2785 Egret Walk Ter	Address	
	Jacksonville, FL 32226 City,	State & Zip	
	904-714-6895 Daytime T	elephone number	

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

ÁRTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Together Waste, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2785 Egret Walk Ter Jacksonville, FL 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paula Z. Arwood, President 2785 Egret Walk Ter Jacksonville, FL 32226 John D. Arwood, Vice President 2785 Egret Walk Ter Jacksonville, FL 32226

ARTICLE VI REGISTERED AGENT

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

Paula Z. Arwood, President 2785 Egret Walk Ter Jacksonville, FL 32226

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paula Z. Arwood, President 2785 Egret Walk Ter Jacksonville, FL 32226

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

15/19

Date

SECRETARY OF STATE
TALL AHV. SSEE ET COME.