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FLORIDA PROFIT/NON PROFIT CORPORATION Coastal Scrap Inc.

Certificate of Status	0
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JIVISION OF CORPORATIONS



May 4, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Ruby Dunlap Regulatory Specialist II New Filing Section

FAX Aud. #: E11000117267 Letter Number: 711A00010807



April 29, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: COASTAL SCRAP INC.

REF: W11000023970

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Jessica A Fason Regulatory Specialist II FAX Aud. #: H11000117267 Letter Number: 211A00010435

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) APR 28 1: 02

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RTICLE I NA	ME ation shall be: Coastal Scrap Inc.		CERRE LABOUR 6.
	·		SECRETARY OF STAMMARSSEE, FLO
rticle ii Pr	INCIPAL OFFICE	•	
	Principal street address	Mailing address	i, if different is:
	Tall Pines Road Unit C	2061 Vining Crescent	
West	Palm Beach, FL 33413	Suite 1421	
_		Wellington, FL 33414	<del>```</del> .
RTICLE III PUI	RPOSE		
o purpose for which	the corporation is organized is:		
The hutiness will one	rate as a collection location for recycled mate	erials:	
	74 P.P.S	•	
RTICLE IV SH Emember of shares o	fares		•
	100 Jares of 41.00	leach Share	
RITCLE V IN	TIAL OFFICERS AND/OR DIRECTOR		
Name and Title:	ome Kalisky	Name and Title:	<del></del>
	5600 Decarie Blvd, Snite 220	Address:	
-	Montreal, OC H3X 2X4 Canada		<del></del>
3	-Street City	<del></del>	
Name and Title:		Name and Title:	
Address:		_ Address:	
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Name and Tista.		Name and Title	
Address:		Address:	
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	CISTERED AGENT 1 street address (P.O. Box NOT acceptable) o	Fries determine assert is	
e <u>name and riorida</u> Name:	C T Corporation System	न साथ उद्धायनका बहित्या है:	
Address:	1200 South Pine Island Road	<del>_</del>	
Various.	Plantation, Florida 33324.	<del>-</del>	
		<del></del>	
RTICLE VII IN			
	of the Incorporator is:		
	Tame Malinhar		
Name:	Lome Kalisky		
	6600 Decarie Blvd, Suite 220	<del>-</del> .	
Name:		<u> </u>	
Name: Address:	6600 Decario Blvd, Suite 220 Montreal, QC H3X2K4 Canada	 	n at the place designated in
Name: Address: aving been named a is certificate, I am fo	6600 Decarie Blvd, Suite 220 Montreal, QC H3X2K4 Canada  registered agent to accept service of process relian with and accept the appointment as rej	— is for the above stated corporatio gistered agent and agree to act in	on at the place designated in this capacity
Name: Address: aving been named a its certificate, I am fa	6600 Decario Blvd, Suite 220 Montreal, QC H3X2K4 Canada	gistered agent and agree to act th	on at the place designated in this capacity
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Name: Address:  wing been named as cerdificate, I am fa	6600 Decarie Blvd, Suite 220 Montreal, QC H3X2K4 Canada  registered agent to accept service of process militar with and accept the appointment as reg T Corporation System	Assistant Secretary  true. I am aware that the false	this copacity  5/2/201/ Date  information submitted in a

Required Signature/Incorporator

5/2/2011