

P12,000,000 85797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

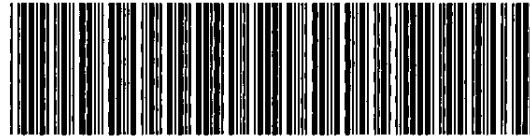
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100240575061

10/09/12--01018--014 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -9 PM 2:21

for 10/10/12

**COVER LETTER**

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

**SUBJECT:** Expert Waste Management 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 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:** Don Johnson

Name (Printed or typed)

288 W 79 PI

Address

Hialeah FL 33014

City, State & Zip

305-336-2700

Daytime Telephone number

johnsondon@aol.com

E-mail address: (to be used for future annual report notification)

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

12 OCT -9 PM 2:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Expert Waste Management Inc.**

12 OCT -9 PM 2: 21

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**288 W 79 PI**  
**Hialeah FL 33014**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Waste and Recycling Broker**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Don Johnson President**

Address: **288 W 79 PI**  
**Hialeah FL 33014**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

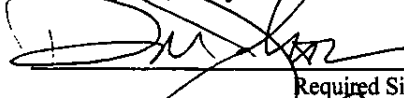
Name: **Don Johnson**  
Address: **288 W 79 PI**  
**Hialeah FL 33014**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Don Johnson**  
Address: **288 W 79 PI**  
**Hialeah FL 33014**

*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*

 **Don Johnson**  
Required Signature/Registered Agent

**10/04/2012**

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 **Don Johnson**  
Required Signature/Incorporator

**10/04/2012**

Date