

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	tified Copies Certificates of Status	
Special Instructions to	Filing Officer:	
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T. SCOTT



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February 17, 2016

SUK BYUN 1015 NW 72ND STREET MIAMI, FL 33150

SUBJECT: MIAMI WASTE AND RECYCLING, INC.

Ref. Number: W16000011980

We have received your document for MIAMI WASTE AND RECYCLING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 316A00003318

COVER LETTER

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

SUBJECT: Miami	Waste and Recycling, Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
10	15 NW 72nd Street	A 11	
М	iami, FL 33150	Address	
	City,	State & Zip	
21	3-545-6111		
	Daytime 1	elephone number	
ko	dascotim@gmail.com		
_	E-mail address: (to be use	d for future annual report	notification)

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)

The name of the corpo			
ARTICLE II PRI	Principal street address	Mailing ac	ddress, if different is:
Miami, FL 33150	•		
	PPOSE the corporation is organized is:	of and Recycling of Waste.	
	of stock is:		MAC IN
The number of shares ARTICLE V INIT	of stock is:	Name and Title:	100 Hold - 2
The number of shares ARTICLE V INIT	of stock is:		LATES PH
The number of shares ARTICLE V INIT Name and T	of stock is: **IAL OFFICERS AND/OR DIRECTORS** itle: Robert K. Chin, CEO 1015 NW 72 Street		LATER P
The number of shares ARTICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150		HAZ +2 PH W O
The number of shares ARTICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 tle: Suk Byun, CFO	Address:	HAZ -2 PH W O
The number of shares ARTICLE V INIT Name and To Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 Suk Byun, CFO 1015 NW 72nd Street	Address: Name and Title:	TATE OF THE ORDER
The number of shares ARTICLE V INIT Name and Tail Address Name and Tit	of stock is: FIAL OFFICERS AND/OR DIRECTORS itle: Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 Suk Byun, CFO 1015 NW 72nd Street	Address: Name and Title:	TOTAL PROPERTY OF THE PROPERTY
The number of shares ARTICLE V INIT Name and Tail Address Name and Tit	FIAL OFFICERS AND/OR DIRECTORS Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 Suk Byun, CFO 1015 NW 72nd Street	Address: Name and Title: Address:	TATE OF THE OF
The number of shares ARTICLE V INIT Name and T: Address Name and Tit Address	of stock is: FIAL OFFICERS AND/OR DIRECTORS Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 Suk Byun, CFO 1015 NW 72nd Street Miami, FL 33150	Address: Name and Title: Address:	TOTAL PROPERTY OF THE PROPERTY
The number of shares ARTICLE V INIT Name and T: Address Name and Tit Address	FIAL OFFICERS AND/OR DIRECTORS Robert K. Chin, CEO 1015 NW 72 Street Miami, FL 33150 Suk Byun, CFO 1015 NW 72nd Street Miami, FL 33150	Address: Name and Title: Address: Name and Title:	THE PROPERTY OF THE PROPERTY O

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Name an	d Title:	Name and Title:	
Address		Address:	i.
			
RTICLE VI F he <u>name and Flo</u>	REGISTERED AGENT orida street address (P.O. Bo	NOT acceptable) of the registered agent is:	
lame:	Low Office of Carlos Carel	Robert K. Chin	
ddress:	66 West Flogler Onces, Out	1015 NW 72nd St	
ı	Minni-F4-99199-	Miami, FL 33150	
Address:	1015 NW 72nd Street Miami, FL 33150		
fective date, if ot an effective dat ys after the filin te: If the date in	ng.) Inserted in this block does not i	specific and cannot be more than five busing meet the applicable statutory filing requirements	ness days prior or 90 business
ving been named	ective date on the Department d as registered agent to accep n familiar with and accept the	of State's records. It service of process for the above stated corpu appointment as registered agent and agree to	oration at the place designated in act in this capacity
\leq	··		2-2-16
	Required Signature/Re	gistered Agent	Date
			•
ibmit this docum ument to the Dep	nent and affirm that the facts pariment of State constitutes a	stated herein are true. I am aware that the stated degree felony as provided for in s.817.1	false information submitted in a 155, F.S.