

P17000033347

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000099567 3)))



H170000995673AECB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CYKLIN LUBITZ & O'CONNELL
Account Number : 076376001447
Phone : (561) 832-5900
Fax Number : (561) 833-4209

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jmansfield@tlcwaste.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Resource Recovery of Florida, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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: Resource Recovery of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5115 Ashton Court

Brighton, MI 48116

Mailing address, if different is:

5115 Ashton Court

Brighton, MI 48116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for the
purpose of transacting any and all lawful business which corporations may transact pursuant to Chapter 607, Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 1,000, \$0.01 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey M. Mansfield, President/Director

Address 730 S. Collier Blvd., Unit 902

Marco Island, FL 34145

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gregory S. Kino, Esq.
Address: 515 N. Flagler Drive, 20th Floor
West Palm Beach, Florida 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory S. Kino, Esq.
Address: 515 N. Flagler Drive, 20th Floor
West Palm Beach, Florida 33401


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


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



Required Signature/Registered Agent
April 11, 2017

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.



Required Signature/Incorporator
April 11, 2017

Date