P95000044092

[illegible] (((H95000006363))) [illegible] COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: EMPIRE CORPORATE KIT COMPANY
1492 W FLAGLER ST
SUITE 200
MIAMI FL 33135-
CONTACT: RAY STORMONT
PHONE: (305) 541-3694
FAX: (305) 541-3770

(((H95000006363)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: WOOD DISPOSAL & RECYCLING, INC

FAX AUDIT NUMBER: H95000006363
DATE REQUESTED: 06/07/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 3
ESTIMATED CHARGE: $122.50

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TIME REQUESTED: 14:05:56
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
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(((H95000006363)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Help F1 Option Menu F2 NUM CAPS Connect: 00:37

FILED
95 JUN -7 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/7

ARTICLES OF INCORPORATION
OF
WOOD DISPOSAL & RECYCLING, INC.

H95000006363

The undersigned, acting as Incorporator of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

1. NAME. The name of the Corporation is:

WOOD DISPOSAL & RECYCLING, INC.

FILED
95 JUL -7 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. PRINCIPAL OFFICE. The principal place of business and mailing address of this corporation shall be:

2410 Muir Circle
West Palm Beach, Fl 33414

3. DURATION. The period of its duration is perpetual.

4. PURPOSE. The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

5. CAPITAL STOCK. The Corporation is authorized to issue 100 shares, all of one class, at $1.00 par value common.

6. INITIAL REGISTERED OFFICE AND AGENT. The name and address of the Initial Registered Agent and office of this Corporation is as follows:

Kevin F. Richardson, Esq.
Clyatt & Richardson, P.A.
1551 Forum Place, #300-F
West Palm Beach, FL 33401

7. INITIAL BOARD OF DIRECTORS. This Corporation shall have one (1) Director initially. The number of Directors shall be no less than one by an amendment of the By-Laws of the Corporation in the manner provided by law, but shall never be less than one.

The names and addresses of the initial Director(s) and Officers of this Corporation are:

NAME	ADDRESS
Carol Comyns	2410 Muir Circle West Palm Beach, FL 33414

H95000006363

Kevin F. Richardson, Esquire
Clyatt & Richardson, P.A.
1551 Forum Place, Suite #300-F
West Palm Beach, FL 33401
(407) 471-9600
Florida Bar # 329185

H95000006363

6. INCORPORATOR. The name and address of the Incorporator signing these Articles of Incorporation is:

NAME	ADDRESS
Kevin F. Richardson	1551 Forum Place, Suite #300-F West Palm Beach, Florida 33401

9. AMENDMENT TO ARTICLES. This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amending hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 7 day of June, 1995.

INCORPORATOR

I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

REGISTERED AGENT
Kevin F. Richardson

STATE OF FLORIDA)
) ss.
COUNTY OF PALM BEACH)

BEFORE ME, the undersigned authority, personally appeared Kevin F. Richardson, to me known to be the person who executed the foregoing Articles of Incorporation, and they acknowledged to and before me that he executed such instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 7th day of June, 1995.

NOTARY PUBLIC - STATE OF FLORIDA
My commission expires:

LAURIE A. HOPPLE
MY COMMISSION # CC 339941 EXPIRES
November 20, 1998
BONDED THRU TROY FAIN INSURANCE, INC.

FILED
95 JUN -7 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 DEC 12 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000044092

1. Corporation Name
WOOD DISPOSAL & RECYCLING, INC.

Principal Place of Business	Mailing Address
~~2410 MUIR CIRCLE~~ ~~W PALM BEACH FL 33414~~	~~2410 MUIR CIRCLE~~ ~~W PALM BEACH FL 33414~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
18705 St Rd 80	PO Box 6663
Suite, Apt. #, etc. PO Box 6665	Suite, Apt. #, etc.
City & State Loxahatchee FL	City & State Loxahatchee FL
Zip 33470 Country Palm Beach	Zip 33470 Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 06/07/1995

5. FEI Number: 65-0672495 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
~~D~~	~~COMYNS, CAROL~~	~~2410 MUIR CIRCLE~~	~~W PALM BEACH FL 33414~~
P	Comyns, Carol	54 Via Verona	Palm Beach Gardens 33418
V	Korpi, James	54 Via Verona	Palm Beach Gardens 33418

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****383.75 ****383.75

REINSTATEMENT 96438 12/12/96

8. Name and Address of Current Registered Agent

RICHARDSON, KEVIN F
1551 FORUM PLACE
#300-F
W PALM BEACH FL 33401

9. Name and Address of New [redacted]

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: KFR — REGISTERED AGENT MUST SIGN — Date: 9-21-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: James Korpi — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: James Korpi — Date: 9-21-96 — Daytime Phone #

CR2E040 (7/96)