TRANSMITTAL LETTER

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

SUBJECT: S	Southeast Disposal, 1	Inc.		
		ate name - must include su	ffix)	
Enclosed is an original	and one(1) copy of the articles			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	78.75 S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	·
		ADDITIONAL CO	PY REQUIRED	
FROM: _	Joseph L. Francis Name (Pr	: III inted or typed)		•
	962A Lake Destiny A	ddress	 .	
-	Altamonte Springs City, S	FL 32714	±.c	
_	407-786-9050			
Daytime Telephone number				

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Southeast Disposal, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

962A Lake Destiny Dr. Altamonte Springs, FL 32714

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 _

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joseph L. Francis III 962A Lake Destiny Dr. Altamonte Springs, FL 32714

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joseph L. Francis III 962A Lāke Destiny Dr. Altamonte Springs, FL 32714

Signature/Incorporator

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(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date