

P99000045478

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

SUBJECT:

*Big W. Waste*

(Proposed corporate name - must include suffix)

700002879737--4  
-05/19/99--01031--021  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is 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:

*Howard Odor*

Name (Printed or typed)

*Box 492*

Address

*Marionne*

City, State & Zip

*850 482-5057*

Daytime Telephone number

EFFECTIVE DATE

*5-13-99*

NOTE: Please provide the original and one copy of

APPROVED  
AND  
FILED

99 MAY 19 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

99 MAY 19 AM 11:41

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*win wait*

*5/19*

**EFFECTIVE DATE**

5-13-99

**ARTICLES OF INCORPORATION**

**OF**

**BIG W WASTE, INC.**

The undersigned subscribes to these Articles of Incorporation, a natural person competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I**

**NAME:** The name of this corporation is Big W Waste, Inc.

**ARTICLE II**

**DURATION:** This corporation shall exist perpetually commencing on the date of execution of these Articles of Incorporation.

**ARTICLE III**

**CAPITAL STOCK:** This corporation is authorized to issue six hundred (600) shares of one dollar (\$1.00) per value common stock.

**ARTICLE IV**

**PRE-EMPTIVE RIGHTS:** Every shareholder, upon the sale for cash of any new stock of this corporation, of the same kind, class or series, as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

**ARTICLE V**

**PRINCIPAL OFFICE AND AGENT:** The street address of the principal office of this corporation is 4736 Highway 90 East (P. O. Box 492) Marianna, Florida, 32446; and the name of the initial registered agent of this corporation is Howard Odom, located at the above address.

**ARTICLE VI**

**INITIAL BOARD OF DIRECTORS:** This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial

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TALLAHASSEE, FLORIDA

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AND  
FILED

director of this corporation is: Howard Odom, 4736 Highway 90 East (P. O. Box 492) Marianna, Florida, 32446.

#### ARTICLE VII

INCORPORATOR: The name and address of the person signing these Articles is: Howard Odom, 4736 Highway 90 East (P. O. Box 492) Marianna, Florida, 32446.

#### ARTICLE VIII

INDEMNIFICATION: The corporation shall indemnify its officers, directors and authorized agent for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

#### ARTICLE IX

AMENDMENTS: The corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 7<sup>th</sup> day of April A. D., 1999.

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MAY

Howard Odom  
HOWARD ODOM

I understand and accept the duties  
and responsibilities as registered  
agent for the above mentioned  
corporation.

  
HOWARD ODOM

Registered Agent

STATE OF FLORIDA  
COUNTY OF JACKSON

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared HOWARD ODOM, known to me, and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County last aforesaid, this 7<sup>th</sup> day of April A. D., 1999.

  
NOTARY PUBLIC



Carolyn R. Goodwin  
MY COMMISSION # CC528950 EXPIRES  
January 31, 2000  
BONDED THRU TROY FAIR INSURANCE, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED