# P9900065726

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

SUBJECT: B19 Wheel RedCLING. INC.
(Proposed corporate name - must include suffix)

100002940711--0 -07/26/99--01005--018 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

- · **□** \$87.50

Filing Fee

Filing Fee,

& Certified Copy Certi

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Mame (Printed or typed)

Box 497

Address

MARIANA

City, State & Zip

Flor

5057

Daytime Telephone number

EFFECTIVE DATE
7-23-97

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

8/1×6

## ARTICLES OF INCORPORATION

OF

# BIG WHEEL RECYCLING, 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 Wheel Recycling, 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 one thousand (1000) shares of one dollar (\$1.00) per value common stock.

ARTICLE IV

EFFECTIVE DATE

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 P. O. Box 5987, Marianna, Florida; and the name of the initial registered agent of this corporation is Howard Odom, located at.

Howard Odding to Calculated and Hwy 90 East, Box 598), Marianna, FL. 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 director of this corporation is: Howard Odom, P. O. Box 5987, Marianna, Florida, 32447.

### ARTICLE VII

INCORPORATOR: The name and address of the person signing these Articles is: Howard Odom, P. O. Box 5987, Marianna, Florida, 32447.

## 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 23<sup>th</sup> day of 100 A.D., 1999.

HOWARD ODOM

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

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HOWARD ODON 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 aforesiad, this 23<sup>44</sup> day of \_\_\_\_\_\_ A. D., 1999.

NOTARY PUBLIC

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

SECHETARY OF STATE,