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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

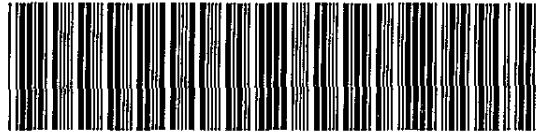
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OLEXION RUBBISH HAULING, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MARK OLEXION  
(Name of Person)

OLEXION RUBBISH HAULING, INC.  
(Firm/Company)

84 FOUNDRY STREET  
(Address)

NEWARK, NEW JERSEY 07105  
(City/State and Zip code)

For further information concerning this matter, please call:

MARK OLEXION at (cell) 973-390-3870  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. OLEXION RUBBISH HAULING, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3565831

(FEI number, if applicable)

4. 2/10/1998

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. February 15, 2006

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 84 FOUNDRY STREET, NEWARK, NJ 07105

(Principal office address)

NEWARK, NJ 07105

(Current mailing address)

8. Engage in any lawful act or activity pursuant to the NJ Business Corporation Act

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NICHOLAS OLEXION

Office Address: 2312 S.W. ABALON CIRCLE

PORT ST. LUCIE

(City)

, Florida 34953

(Zip code)

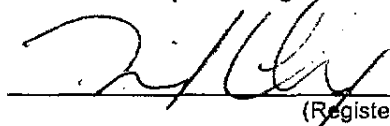
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



[Nicholas Olexion]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: MARK OLEXION

Address: 37 ST. MICHAEL PLACE

PISCATAWAY NJ 08854

Vice Chairman: none

Address: \_\_\_\_\_

Director: none

Address: \_\_\_\_\_

Director: none

Address: \_\_\_\_\_

**B. OFFICERS**

President: MARK OLEXION

Address: 37 ST. MICHAEL PLACE

PISCATAWAY NJ 08854

Vice President: none

Address: \_\_\_\_\_

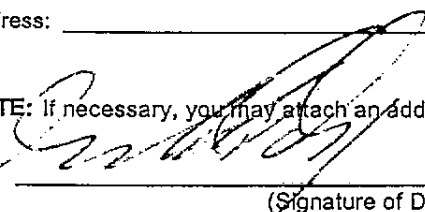
Secretary: none

Address: \_\_\_\_\_

Treasurer: none

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  \_\_\_\_\_  
(Signature of Director or Officer listed in number 12 of the application)

14. MARK OLEXION, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

**OLEXION RUBBISH HAULING, INC.**

0100734900

*With the Previous or Alternate Name*

**OLEXIAN RUBBISH HAULING, INC. (Previous Name)**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on February 10, 1998.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

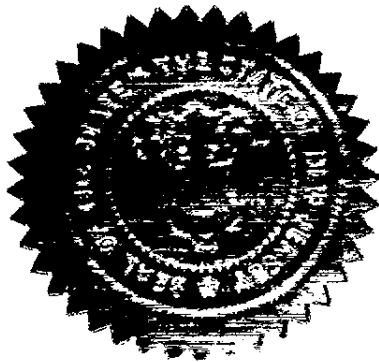
*I further certify that the registered agent and registered office are:*

*Mark Olexian  
37 St Michael Place  
Piscataway, NJ 08854*

*Continued on next page . . .*

STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING

OLEXION RUBBISH HAULING, INC.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
at Trenton, this  
24th day of January, 2006

*Bradley Abelow*

Bradley I Abelow  
Acting State Treasurer