

Accelerated Waste Solutions of North America LLC dba Junk Shot App
(NAME OF COMPANY)

CHECKLIST FOR A COMMERCIAL REFUSE LICENSE

The following is a list of documentation included in this package:

- ☒ Application for commercial hauler license

Service information to include the following data:

- ☒ Area(s) of Orange County to be serviced
- ☒ Number of employees
- ☒ Number of commercial vehicles to be used in the business
- ☒ Truck numbers and tare weights of each vehicle
- ☒ Vehicle registration(s)

Certificate of Insurance issued to Orange County showing:

- ☒ Orange County shall be named as an additional insured & certificate holder on all liability policies.
- ☒ General Liability – in an amount not less than \$1,000,000 per occurrence
- N/A Workers' Compensation as required by Florida Statue Chapter 440.
- ☒ Pollution Legal Liability including coverage for bodily injury and property damage as well as cleanup and defense costs with limits of not less than \$1,000,000 per loss.
- ☒ Vehicle Insurance – in an amount not less than \$1,000,000 per accident.

Orange County Local Business Tax Receipt

- ☒ Orange County Business Tax Receipt (formerly called Occupational License)

License Fee:

- ☒ \$ 25.00 3 or less employees
- ☐ \$200.00 4 to 10 employees
- ☐ \$350.00 11 or more employees

APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

Please Check the Services Your Company Provides:

- ☒ Multifamily - Collection of solid waste from residential dwellings and mobile home parks not under the franchise system.
- ☐ Construction & Demolition - Collection of Construction and Demolition debris only.
- ☒ Other Commercial - Collection and/or processing of solid waste from commercial generators not covered under (1) or (2) above.

UNDER THE PROVISIONS of Orange County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto, the following information is required.

COMPANY NAME: Accelerated Waste Solutions of North America LLC

(Please Include FULL legal name, including LLC, Inc etc)

TRADE / D.B.A. NAME: Junk Shot App

MAILING ADDRESS: 2304 E Busch Blvd Tampa, Fl 33612

OFFICE PHONE NUMBER: 813-447-3608 Fax Number: 813-871-0377

COMPANY WEBSITE: www.junkshotapp.com

CONTACT NAME(S): Sherrod Hunter

CONTACT PHONE: 813-781-6921

E-MAIL ADDRESS: sherrod@acceleratedwaste.com

(Additional Commercial Hauler License Contacts / Email Addresses listed here or on a separate sheet)

EMERGENCY NUMBER: 813-781-6921

NUMBER OF EMPLOYEES: 3

LOCATION OF EQUIPMENT:

ADDRESS: 5592 L B Mcleod Rd

CITY / STATE / ZIP: Orlando, Fl 32811

HOURS OF OPERATION: 7 am - 5 pm

DAYS OF OPERATION: Monday - Saturday

APPLICATION FOR COMMERCIAL REFUSE LICENSE COUNTY OF ORANGE, FLORIDA

If a joint venture or partnership, list the names of all partners and their permanent addresses. If a corporation, list the names and permanent address of corporate officers, and their percentage of participation in the space below; if more space is required, attach a separate sheet.

	Name	Office Held	Permanent Address	% Owned
a.	Sherrod Hunter	COO	2304 E Busch Blvd Tampa, Fl 33612	50
b.	Fred Tomlin, Jr	CEO	2304 E Busch Blvd Tampa, Fl 33612	50
c.				
d.				
e.				

I certify that the aforesaid company is capable of rendering adequate commercial refuse collection service in accordance with the provisions of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES X NO

I certify that the aforesaid company owns or has under its control, in good mechanical repair and condition, sufficient equipment to adequately conduct the business of commercial refuse collection and all such equipment meets the requirements of the County's Code of Ordinances, Chapter 32 Solid Waste, Article IV Collection and Disposal and all regulations related thereto.

YES X NO

I have read, understand and am willing to comply with the provisions of the County's Solid Waste Collection and Disposal Ordinance and all applicable rules and regulations.

Sherrod Hunter

6/1/2025

Signature of Authorized Representative

Date

COO

Title

Home Address 13342 Palmera Vista Dr

City / State/ Zip Riverview, Fl 33579

APPLICATION FOR COMMERCIAL REFUSE LICENSE
COUNTY OF ORANGE, FLORIDA

AFFIDAVIT

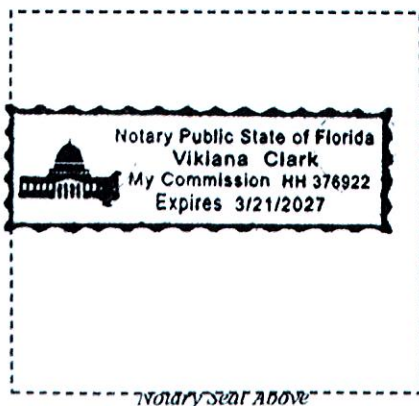
(to be attested before a Notary Public or other
officer authorized to administer oaths)

STATE OF Florida
COUNTY OF Hillsborough

Personally appeared before me, an officer duly qualified to administer an oath in the City of
Tampa, State of Florida, known to me to be the person
herein described and subscribing hereto, and on oath deposes and says that the
statements made are true and correct.

Signature of Applicant Shmuel Hunter

Sworn to and subscribed before me, this 2nd day of June, 2025



[Signature]
(Notary Public)

My Commission Expires: 3/21/2027



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies for CoAdvantage 444 West 47th Street #900 Kansas City, MO 64112	CONTACT NAME: PHONE (A/C, No, Ext): (866) 854-5423 E-MAIL: col@coadvantage.com ADDRESS: FAX (A/C, No):
INSURED CoAdvantage Corporation Alt. Emp: Accelerated Waste Solutions of North America LLC dba: Junk Shot 101 Riverfront Blvd Suite 300 Bradenton, FL 34205	INSURER(S) AFFORDING COVERAGE INSURER A: American Zurich Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 40142

COVERAGES

CERTIFICATE NUMBER: 25FL0901181949

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	WC 56-11-942-11	04/01/2025	04/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
			Location Coverage Period:	04/01/2025	04/01/2026	Client# 612589-FL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided for only those co-employees of, but not subcontractors to:
Accelerated Waste Solutions of North America LLC dba:
Junk Shot
2304 E Busch Blvd
Tampa, FL 33612

CERTIFICATE HOLDER

Orange County Florida, C/O Solid Waste Division
5901 Young Pine Rd.
Orlando, FL 32829

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Professional Insurance Services
13907 Carrollwood Village Run
Tampa FL 33618

CONTACT NAME: Deanna Weidman

PHONE (A/C, No, Ext): 813-963-6701

FAX (A/C, No): 813-356-0951

E-MAIL ADDRESS: deanna@proinsuranceflorida.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Lloyds of London

15792

INSURER B: Key Risk Insurance Company

10885

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Accelerated Waste Solutions of North America LLC
dba Junk Shot
2304 E Busch Blvd
Tampa FL 33612

License#: L006940

ACCEWAS-01

COVERAGES

CERTIFICATE NUMBER: 956501658

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		CSIEL00798-01	9/17/2024	9/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAP204110311	8/12/2024	8/12/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0	Y		CSIXEL00339-01	9/17/2024	9/17/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Pollution Liability	Y		CSIEL00798-01	9/17/2024	9/17/2025	Each claim Aggregate 1,000,000 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Orange County is named as additional insured on liability policies when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Orange County Solid Waste Division
Attn: Tiffany Fletcher
5901 Young Pine Road
Orlando FL 32829

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

2025

EXPIRES SEPTEMBER 30, 2025

3103-1133688

3103 JANITORIAL/CLEANING SERVICE \$30.00

1 EMPLOYEE(S)

TOTAL TAX \$ 37.50
PREVIOUSLY PAID \$ 37.50
TOTAL DUE \$ 0.00

HUNTER SHERROD L

ACCELERATED WASTE SOLUTIONS OF
4821 N CLARK AVE
TAMPA, FL 33614-6503

MOBILE FROM HILLSBOROUGH C- Mobile
X - OUT OF COUNTY - 00000

Paid 37.50

11/05/2014

Tax Collector Scott Randolph

Local Business Tax Receipt

Orange County, Florida

This local Business Tax Receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2025

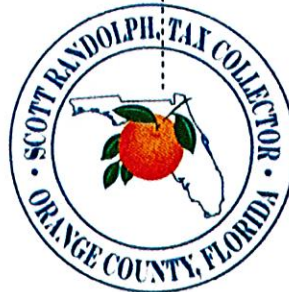
EXPIRES SEPTEMBER 30, 2025

3103-1133688

3103 JANITORIAL/CLEANING SERVICE \$30.00

1 EMPLOYEE(S)

TOTAL TAX \$ 37.50
PREVIOUSLY PAID \$ 37.50
TOTAL DUE \$ 0.00



HUNTER SHERROD L

ACCELERATED WASTE SOLUTIONS OF
4821 N CLARK AVE
TAMPA, FL 33614-6503

MOBILE FROM HILLSBOROUGH C- Mobile
X - OUT OF COUNTY - 00000

Paid \$ 37.50

11/05/2014

This receipt is official when validated by the Tax Collector.

Orange County Code requires this local Business Tax Receipt to be displayed conspicuously at the place of business in public view. It is subject to inspection by all duly authorized officers of the County.

FLORIDA VEHICLE REGISTRATION

CO/AGY 3 / 11

T# 2040482559
B# 3142912

PLATE **96ANYA**

DECAL **20137299**

Expires **Midnight Wed 12/31/2025**

YR/MK **2024/ISU**

BODY

DP

COLOR

WHI

Reg. Tax

137.10

Class Code

41

VIN **54DC4W1D6RS204501**

TITLE

161702995

Init. Reg.

3.00

Tax Months

12

Plate Type **RGS**

NET WT

10980

GVW

14500

County Fee

3.00

Back Tax Mos

12

DL/FEID **271394911-01**

Mail Fee

3.00

Credit Class

12

Date Issued **12/20/2024**

Plate Issued

9/9/2021

Sales Tax

140.10

Credit Months

Voluntary Fees

140.10

Grand Total

140.10

ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA LLC

2304 E BUSCH BLVD

TAMPA, FL 33612-8408

- IMPORTANT INFORMATION**
1. The Florida license plate must remain with the registrant upon sale of vehicle.
 2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
 3. Your registration must be updated to your new address within 30 days of moving.
 4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
 5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE

FLORIDA VEHICLE REGISTRATION

CO/AGY 3 / 11

T# 1930832747
B# 5953342

PLATE **RAKV80**

DECAL **20938283**

Expires **Midnight Tue 12/31/2025**

YR/MK **2024/ISU**

BODY

TK

COLOR

WHI

Reg. Tax

145.43

Class Code

41

VIN **54DC4W1D4RS201841**

TITLE

163981969

Init. Reg.

3.00

Tax Months

10

Plate Type **RGS**

NET WT

8040

GVW

14500

County Fee

3.00

Back Tax Mos

41

DL/FEID **271394911-02**

Mail Fee

3.00

Credit Class

41

Date Issued **3/1/2024**

Plate Issued

3/1/2024

TRANSFER: X

Sales Tax

148.43

Credit Months

Voluntary Fees

148.43

Grand Total

148.43

ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA LLC

2304 E BUSCH BLVD

TAMPA, FL 33612

- IMPORTANT INFORMATION**
1. The Florida license plate must remain with the registrant upon sale of vehicle.
 2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
 3. Your registration must be updated to your new address within 30 days of moving.
 4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
 5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

RGS - SUNSHINE STATE PLATE ISSUED X



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Limited Liability Company

ACCELERATED WASTE SOLUTIONS OF NORTH AMERICA, LLC

Filing Information

Document Number	L09000116528
FEI/EIN Number	27-1394911
Date Filed	12/07/2009
Effective Date	01/01/2010
State	FL
Status	ACTIVE
Last Event	LC AMENDMENT
Event Date Filed	01/28/2013
Event Effective Date	NONE

Principal Address

2304 E Busch Blvd
Tampa, FL 33612

Changed: 05/01/2024

Mailing Address

2304 E Busch Blvd
Tampa, FL 33612

Changed: 05/01/2024

Registered Agent Name & Address

HUNTER, SHERROD L
2304 E Busch Blvd
Tampa, FL 33612

Name Changed: 04/21/2014

Address Changed: 05/01/2024

Authorized Person(s) Detail

Name & Address

Title MGRM

HUNTER, SHERROD
2304 E Busch Blvd
Tampa, FL 33612

Title MGRM

TOMLIN, FRED JR
2304 E Busch Blvd
Tampa, FL 33612

Annual Reports

Report Year	Filed Date
2023	05/01/2023
2024	05/01/2024
2025	01/28/2025

Document Images

01/28/2025 -- ANNUAL REPORT	View image in PDF format
05/01/2024 -- ANNUAL REPORT	View image in PDF format
05/01/2023 -- ANNUAL REPORT	View image in PDF format
07/15/2022 -- ANNUAL REPORT	View image in PDF format
01/28/2021 -- ANNUAL REPORT	View image in PDF format
05/05/2020 -- ANNUAL REPORT	View image in PDF format
08/06/2019 -- ANNUAL REPORT	View image in PDF format
08/22/2018 -- ANNUAL REPORT	View image in PDF format
08/29/2017 -- ANNUAL REPORT	View image in PDF format
04/22/2016 -- ANNUAL REPORT	View image in PDF format
03/20/2015 -- ANNUAL REPORT	View image in PDF format
04/21/2014 -- ANNUAL REPORT	View image in PDF format
04/24/2013 -- ANNUAL REPORT	View image in PDF format
01/28/2013 -- LC Amendment	View image in PDF format
12/13/2012 -- LC Amendment	View image in PDF format
03/15/2012 -- ANNUAL REPORT	View image in PDF format
03/10/2011 -- ANNUAL REPORT	View image in PDF format
02/12/2010 -- LC Name Change	View image in PDF format
12/07/2009 -- Florida Limited Liability	View image in PDF format