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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T-Burch FEB-27 TO

COVER LETTER

| Divis | ision of Corporations | |
|--------------------------------------|--|--|
| SUBJECT: | BUFFCO PROPERTIES LLC | |
| | Name of Limited Liability Company | |
| The enclosed | d Articles of Organization and fee(s) are submitted for filing. | |
| Please return a | all correspondence concerning this matter to the following: | |
| | MARK BUFF | |
| | Name of Person | |
| | BUFFCO PROPERTIES L | LC |
| | Firm/Company | |
| | 3 DOGWOOD DRIVE P | LAC E |
| | Address | |
| | OCAZA, FL 34472 | |
| | City/State and Zip Code | |
| | mbuff 7 @ netzero. 1 E-mail address: (to be used for future annual report n | net |
| | E-mail address: (to be used for future annual report n | otification) |
| For further inf | nformation concerning this matter, please call: | |
| YhA | Name of Person Area Code Daytin | ne Telephone Number |
| Enclosed is a | a check for the following amount: | |
| ጃ \$125.00 Filin _i | ng Fee Status St | Certificate of Status & |
| | Mailing AddressStreet/CourierRegistration SectionRegistration SeDivision of CorporationsDivision of CoP.O. Box 6327Clifton BuildirTallahassee, FL 323142661 ExecutiveTallahassee, FlTallahassee, Fl | ction rporations ng e Center Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | |
|---|----------------------|-------------------|---------------|
| BUFFCO PROPERTIES LLC | | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | |
| Principal Office Address: Mailing Address: | | | |
| 3 DOGWOOD DRIVE PLACE SAME | | | |
| OCALA, FL 34472 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an another business entity with an active Florida registration.) | individ | 14 F | وتجعو |
| The name and the Florida street address of the registered agent are: | PAT PAT PAT | 83 | - Furnishing |
| MARK BUFF Name | 祭 | 42 | 6 6 |
| 3 DOGWOOD DRIVE PLACE | 100 100 100 | | imale d |
| Florida street address (P.O. Box <u>NOT</u> acceptable) | PATURE TO A | AH II: 30 | |
| CCALA FL 34472 City Zip | >'' | \Box | |
| City Zip | | | |
| Having been named as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered agent and a capacity. I further agree to comply with the provisions of all statutes relating to the proper and cor of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S Registered Agent's Signature (REQUIRED) | igree to nplete j | act in perfori | this mance |
| (CONTINUED) | | | |
| Page 1 of 2 | | | |

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|---|--|
| "MGR" = Manager AMBR | CYNTHIA BUFF 3 DOGWOOD DRIVE PLACE OCALA, FL 34472 |
| m6-12 | MARK BUFF 3 DOGWOOD DRIVE PLACE CCALA, FL 34472 |
| | SECRE ALLAH |
| | |
| (Use attachment if necessary) EV: Effective date, if other than the date | C of filing: (OPTION 2015) |
| EV: Effective date, if other than the date | EE, FLO |
| E V: Effective date, if other than the date extive date is listed, the date must be sp of filing.) | e of filing: |
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| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a more of the econstitutes an affirmation und I am aware that any false info constitutes a third degree felo | confiling: |

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