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(Address)

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(City/State/Zip/Phone #)

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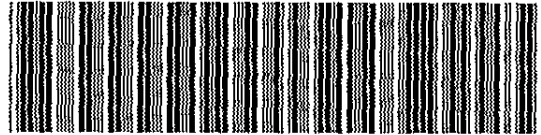
(Business Entity Name)

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12/12

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560

December 12, 2002

Secretary of State's Office
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32301

RE: Gregory R. Buchanan and Family, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization for the above-referenced company and our check for \$155.00. Also enclosed is an extra copy of the Articles for the certified copy. Please call Chris Vause at 425-5446 when the certified copy is ready to be picked-up.

Thank you for your assistance.

Sincerely,



Chris Vause
Secretary to John E. Brenneis

/cv

Enclosures

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**ARTICLES OF ORGANIZATION
OF
GREGORY R. BUCHANAN AND FAMILY, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Gregory R. Buchanan and Family, LLC.**

**ARTICLE 2.
Address**

The street address of the place of business in Florida is:

1155 Jaguar Circle
Gulf Breeze, Florida 32563

The mailing address of the place of business in Florida is:

362 Gulf Breeze Parkway, Number 107
Gulf Breeze, Florida 32561-4493

**ARTICLE 3.
Registered Agent and Registered Office**

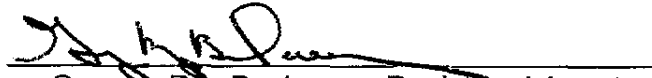
The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Gregory Ray Buchanan
1155 Jaguar Circle
Gulf Breeze, Florida 32563

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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 relating to the proper and

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complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Gregory Ray Buchanan, Registered Agent

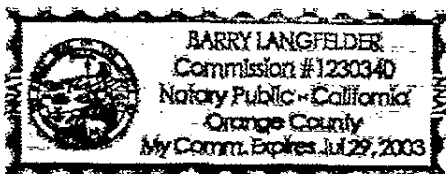
ARTICLE 4. Management

The Limited Liability Company shall be managed by its members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this 16 day of August, 2002.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.


GREGORY RAY BUCHANAN, Member



See Attached


MARGARET AGNES BUCHANAN, Member


DORILYN BUCHANAN RICE, Member

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange

ss.

On August 26, 2007

Date

before me,

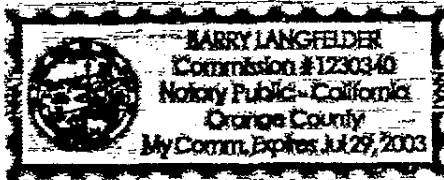
Barry Langfelder, a Notary Public

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared

Margaret Agnes Buchanan and Darlyn Buchanan Rice

Name(s) of Signer(s)



☐ personally known to me

☒ proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Barry Langfelder
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer — Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

**RIGHT THUMBPRINT
OF SIGNER**

Top of thumb here

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