

L03000018281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

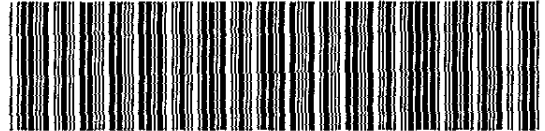
(Business Entity Name)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Buckeye Pointe LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

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MAY 21 2021
TALLAHASSEE, FLORIDA
CORP. DIVISION

Signature _____

Requested by: AW 5/21
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
BUCKEYE POINTE, L.L.C.
a Florida Limited Liability Company**

ARTICLE I Name

The name of the Limited Liability Company is: **BUCKEYE POINTE, L.L.C.**

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**5640 Lake Grove Drive
Lakeland, FL 33809**

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent is:

**David Magness
5640 Lake Grove Drive
Lakeland, FL 33809**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 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, F.S.


David Magness
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 21 11 28 27

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ARTICLE IV. Management

The Limited Liability Company is to be managed by managers and is, therefore, a managers-managed company. The name, mailing address, and street address of each such person who is to serve as manager is:

**D. Magness Construction, Inc.
5640 Lake Grove Drive
Lakeland, FL 33809**

Dated: May 20, 2003

D. Magness Construction, Inc.

By: 

David Magness, President

Managing Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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