L04000004650

(Re	equestor's Name)	
(requested structure)		
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(D0	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
		,
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Office Use Only



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STATUTA - UTAN STATE ** STATE

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Requestor's Name 1965 Capital Circle NE, Suite A Address Tallahassee, Fl 32308 850-222-2785 City/st/Zip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
A	
A	
Address	
	a
Tallahassee, FI 32308 850-222-2785	
City/St/Zip Phone #	'n
	C
	-
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	2
1- BUCKLEY LLC	
2-	
3-	
•	
4-	
X Walk-in Pick-up time ASAP xxx Certified Copy	
Mail-out Will wait Photocopy Certificate of Status	
NEW FILINGS AMENDMENTS	
xxx Profit Amendment	
Non-Profit Resignation of R.A., Officer/Director	
xxx Limited Liability Change of Registered Agent	
Domestication Dissolution/Withdrawal	
Other Merger	
OTHER FILINGS REGISTRATION/QUALIFICATION	
Annual Report Foreign	
Fictitious Name Limited Partnership	
Name Reservation Reinstatement	
Trademark	
Other	

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Nam	e:
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The name of the Limited Liability Company is:

BUCKLEY, LLC	To a
	····

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1037 North Halifax Drive	1037 North Halifax Drive
Ormond Beach, FL 32176	Ormond Beach, FL 32176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Dennis M. Buckley	
Name	
1037 North Halifax Drive	
Florida street address (P.O.	. Box NOT acceptable)
Ormond Beach, FL 32176	FLORIDA
City, State, ar	

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Dennis M. Buckley
	1037 North Halifax Drive
	Ormond Beach, FL 32176
MGRM	Lois A. Buckley
	1037 North Halifax Drive
	Ormond Beach, FL 32176
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
(Kami m)	Buller
Signature of a member or an au	thorized representative of a member.
	108(3), Florida Statutes, the execution firmation under the penalties of perjury e.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

Dennis M. Buckley

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee