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2005 MAR 23 P 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# PICKREL, SCHAEFFER AND EBELING

A LEGAL PROFESSIONAL ASSOCIATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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OF COUNSEL  
DONALD G. SCHWELLER  
THOMAS J. HARRINGTON  
KRAIG THOMSEN

March 21, 2005

## VIA FEDERAL EXPRESS

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**RE: Buckeye Group Ventures LLC**

Dear Sir/Madam:

Enclosed please find the original and two (2) copies of the Articles of Organization for Florida Limited Liability Company for Buckeye Group Ventures LLC. Please file the articles at your first opportunity and return the extra file-stamped copy and certificate of status to the undersigned.

A check in the amount of \$130.00 is enclosed for payment of the filing fee and certificate of status.

Thank you for your attention to this matter. If you have any questions or need additional information, please contact the undersigned.

Sincerely,

PICKREL, SCHAEFFER AND EBELING CO., L.P.A.



Teresa M. Cundiff  
Corporate Paralegal

/tmc  
Enclosures

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

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**SUBJECT:** Buckeye Group Ventures LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James L. Jacobson

(Name of Person)

Pickrel, Schaeffer and Ebeling Co., LPA

(Firm/Company)

2700 Kettering Tower, 40 N. Main St.

(Address)

Dayton, OH 45423-2700

(City/State and Zip Code)

For further information concerning this matter, please call:

James L. Jacobson

(Name of Person)

at ( 937 ) 223-1130

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buckeye Group Ventures LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

25130 Goldcrest Drive, #412  
Mystic Ridge-Pelican Landing  
Bonita Springs, FL 34134

Mailing Address:

25130 Goldcrest Drive, #412  
Mystic Ridge-Pelican Landing  
Bonita Springs, FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Douglas Zobrist

Name

25130 Goldcrest Dr. #412, Mystic Ridge-Pelican Landing


Florida street address (P.O. Box NOT acceptable)

Bonita Springs, FL 34134

FL

City, State, and Zip

*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.*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Douglas Zobrist

25130 Goldcrest Dr. #412, Mystic Ridge-Pelican  
Bonita Springs, FL 34134

MGRM

Brian D. Zobrist

8948 Linden Lake  
Sylvania, OH 43560

**FILED**

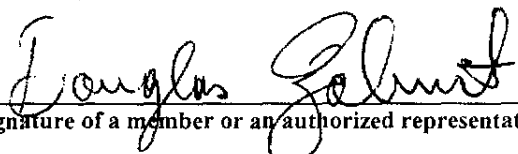
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Douglas Zobrist, Member

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)