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06 AUG - 1 PM 12: 51
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Gary TI	he Buckeye LLC		
		d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Gary Tuttle			
	(I	Name of Person)	•
	(Firm/Company)	
4025 Hone	ey Bee Pt.		
		(Address)	
Sanford, F	lorida 32773		
	(City)	State and Zip Code)	
For further information	concerning this matter, please	call:	
Gary Tuttle		at (407) 402-771 (Area Code & Daytime To	9
(Name	of Person)		
Enclosed is a check for	or the following amount:	\$5.00 CeAA	status
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

FILED

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gary The Buckeye LLC		
(Must end with the words "Limited Liability Compa	any, "Limited Company" or their abbreviation "LLG	C," or "L.C.,")
ARTICLE II - Address:		
ine mailing address and street address	of the principal office of the Limited I	Jiability Company is:
Principal Office Address:	Mailing Address:	
4025 Honey Bee Pt.	4025 Honey Bee pt.	
Sanford, Florida 32773	Sanford, Florida 32773	
		
The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Gary Tuttle	Name	
4025 Honey Bee P		OF C
Florida	a street address (P.O. Box <u>NOT</u> acceptable)	751 TATE ORIDA
Florida Sanford,		2:51 TATE ORIDA

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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		
With Managing Welloci		
MGRM	Gary Tuttle	
	4025 Honey Bee Pt.	_
	Sanford, Florida 32773	
		 .
		_
		
		<u></u>
(Use attachment if necessary)		
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