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Certified Copies	Cartificates	of Status
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Special Instructions to	Filing Officer:	,
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COVER LETTER

TO:	Registration Se Division of Co							
SUBJ	ECT: Bucke	ye Operation	s, LLC	Campi		. <u> </u>	<u> </u>	•
		(Name o	i Limited Liability	Compa	aily)			
The en	nclosed Articles of	f Organization and fee	(s) are submitted for	or filing	ζ,			
Please	return all corresp	ondence concerning th	nis matter to the fol	lowing	;*			
	Brentner	M. Bookwalt						_
			(Name of Per	rson)		y "'	m	
	Buckeye	Operations,	LLC					
			(Firm/Comp	any)		 ,	07	SIAN
	3622 Tai	miami Trail					07 JAN 18	空景
			(Address)			8	JE CO
	Port Cha	ırlotte,	Florida		339	952	PH 1: 24	CORPORATIONS
			(City/State and Z	ip Code	=)		7: 2	ATIO
For fu	rther information	concerning this matter	r, please call:					S
Bre	ntner M. Bo	ookwalter	_{at (} 941		, 625-06	23		
	(Name	of Person)	(A	rea Cod	le & Daytime To	elephone Number)		
Enclo	sed is a check fo	or the following amo	ount:					
\$12	5.00 Filing Fee	S130.00 Filing Certificate of State	us Certifie	d Cop	iling Fee & y is enclosed)	✓ \$160.00 F Certificate of Certified Co (additional copy	Status &	
		Mailing Address Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n Re- rations D' Cl 314 26	egistrativision lifton E 61 Ex	ourier Addrestion Section of Corporation Suilding ecutive Center See, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buckeye Opera (Must end with the wor		y Company, "Lim	ited Company" or their abbre	eviation "LLC,"	or "L.C.,")	
ARTICLE II - A						
The mailing addre	ess and street ac	ddress of the	principal office of the	Limited Lia	ibility Compa	any is:
Principal Office	Address:		Mailing Address:	i	-	
3622 Tamiami Tra	il		3622 Tamiami Trai	l		
Port Charlotte,	Florida	33952	Port Charlotte,	Florida	33952	a
(The Limited Liability business entity with a	Company cannot seen active Florida regi	rve as its own Reg stration.)		eu Agent s ignate an indivi	dual or another	FILED STATES CF CORPORATE
	3622 Tami				1 2	2HOHS
			ddress (P.O. Box NOT ac	ceptable)		* 4
	Port Charlot	t e , City, State	FL 33952 c, and Zip	_	r en	
Having been na	med as registere	ed agent and t	o accept service of pro	cess for the	above stated i	limited

Registered Agent's Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Brentner M. Bookwalter
	3622 Tamiami Trail
	Port Charlotte, Florida 33952
	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTION/
LE V: Effective date, if other than fective date is listed, the date mus	
LE V: Effective date, if other than	the date of filing: (OPTION/
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LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a method of this document of this document of the date.	the date of filing: (OPTION/st be specific and cannot be more than five business da

Page 2 of 2

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

\$ 5.00 Certificate of Status (Optional)