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To: Division of Corporations
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From:
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Buno, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION
OF
Buno, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Buno, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 171 Dockside Circle, Weston, Florida 33327.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Robert Bessette, 171 Dockside Circle, Weston, Florida 33327


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

Date: August 23, 2007

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Buno, LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203
Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of
Leon.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature: _____

Mark Williams, A.V.P. Business Filings Incorporated

Date: August 23, 2007

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