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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SCORETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Se Division of Cor			₹ •
SUBJ	RCT. Buckw	alter LLC		
3010	BC1.		d Liability Company	
The e	nclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please	return all correspo	ndence concerning this matt	er to the following:	
	John Buc			
			Name of Person	
	Buckwalte	er LLC		
			Firm/Company	
	43809 Sui	nset Dr.		
			Address	
	Paisley, FL	32767		
			y/State and Zip Code	
	steam@usa			<u> </u>
		E-mail address: (to be used t	or future annual report notification)	
For fu	rther information c	oncerning this matter, please	call:	
Joh	n Buckwalter		at (352) 660-4900	
	Name o	f Person	Area Code & Daytime Teler	phone Number
Enclo	osed is a check for	the following amount:		
₹ \$125.0	0 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Buckwalter LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
l3809 Sunset Dr Palsley, FL 32767	43809 Sunset Dr. Paisley, FL 32767
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
John H. Buckwalter	egistered agent are:
Name	SHALL OF IT
43809 Sunset Dr.	
Florida street addı	ress (P.O. Box NOT acceptable)
Paisley	新 32767
City, Sta	te, 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 (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	
MGRM	Joseph L. Buckwalter
	11009 Riverside Rd.
	Leesburg, FL 34788
	44, p. 1 1, 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAl
effective date is listed, the date must	be specific and cannot be more than five business days
90 days after the date of filing.)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John H. Buckwalter

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)