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TIMAR 28 PM 2: 56
SEUREN SEE FLORIDA

B. BOSTICK

MAR 29 2011

EXAMINER

COVER LETTER

TO:	TO: Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The end	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	LAWRENCE R. CUSTER		
	Name of Person		
	Firm/Company		
•	Firm/Company		
	8157 Wacobee Dewe BE T		
•	Address		
	MYRTLE BEACH, SC 29579 City/State and Zip Code buckeye. management O gnal. Com E-mail address: (to be used for future annual report addition)		
	City/State and Zip Code		
-	E-mail address: (to be used for future annual report notification)		
For furt	ther information concerning this matter, please call:		
	Name of Person at (843) 424-2553 Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$\$ Certified Copy (additional copy is enclosed)		
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

any is:				
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
f the principal office of the Limited Lia	ability Company is:			
Mailing Address:				
	HUNNY			
of the registered agent are: ASELTIVE Name ALE MARY HIGHWAY STE#36	II MAR 28 PM SECRETACY OF STALLAHASSEE, FI			
treet address (P.O. Box <u>NOT</u> acceptable)	2: 5 2: 5 1.0RII			
FL 33614 City, State, and Zip	A01			
and to accept service of process for the cated in this certificate, I hereby accept the capacity. I further agree to comply with plete performance of my duties, and I amas registered agent as provided for in Ca	e appointment as the provisions of all n familiar with and			
	the Bay LLC ad Liability Company, "L.L.C.," or "LLC.") The principal office of the Limited Lia Mailing Address: BIO N. DALE MARY H SUITE 36 TAMA, FL 33614 Stered Office, & Registered Agent's In Registered Agent. You must designate an individent of the registered agent are: ASELTILE Name The Mary Hothwy Ste 36 The address (P.O. Box NOT acceptable) FL 33614 City, State, and Zip and to accept service of process for the acceptance of my duties, and I am lete performance of my duties, and I am			

(CONTINUED)

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 "MGRM" = Managing Member	Name and Address:
MGRM	ROSS HASELTINE 8910 N. DAUE MARY HUHWAY #36 TAMPA, FL 33614
mbr.	BIST WARDER DRIVE MYRTLE BEACH, SC 29579 TALLANDER PH 2:57 10510A
(Use attachment if necessary)	A.

ARTICLE V: Effective date, if other than the date of filing: APRIL 15, 2011 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 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.)

LAWRENE R. CUSTER

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)