13000018951

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL MAIL
(В	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900244215069

02/04/13--01032--008 **160.00

13 FEB -4 AMII: 21

B. BOSTICK

FEB - 6 2013

EXAMINER

COVER LETTER

Division of Co		•	
SUBJECT: Brok	iege Cap. tac	Holdings LLC ed Liability Company	
	Name of Limit	ed Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	ter to the following:	
Micha	el Eserber	Name of Person	
_ Buck	eye Capitan	Name of Person Holdings LLL Firm/Company	
	7 ST. Anne	Address	
Boc.	A Ration F	72 33496 IV/State and Zip Code	
	Mae 1/56/ @	AOL. COM for future annual report notification)	Ac 3
	E-mail address: (to be used)	for future annual report notification)	
For further information	concerning this matter, please	call:	FEB -4 AHASSI
4 /	1		(4) / 原
Michael 7	tisenberg	at (<u>5/6</u>) <u>8/8</u> 7 Area Code & Daytime Tele	1148
Name	of Person	Area Code & Daytime Tele	phone Number LORI
Enclosed is a check for	or the following amount:		
	_	_	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy	\$160.00 Filing Fee, Certificate of Status &
	Continuate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Buckeye Capitan Howw. NG3 LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3/67 ST. Annes Dr.	3167 ST. Annes Da
BOCA RATION FL	BUCK KATON FT
.33490	33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:	П _С		
Michael Esemberg	LLA.	13 FE	promote a company of the company of
Name	HASS	6	
Florida street address (P.O. Box NOT acceptable)	ω	<u> </u>	
BOCA RATON FL 33496	ELON VI S	=======================================	O
City, State, and Zip		2	

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
NGRM	Michael Esemberg 3167 ST. Annes De. Boca Raton FL 33496
	13 FEB +
(Use attachment if necessary)	SEE, FLORID
LE V: Effective date, if other than the ffective date is listed, the date mus or 90 days after the date of filing.)	e date of filing: (OPTION to be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be cannot
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
Signature of a member	
(In accordance with section 608 constitutes an affirmation under I am aware that any false infort constitutes a third degree felong	8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) The second support of the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)