## L13000022432

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
·	ty/State/Zip/Phone	2 #)
	_	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

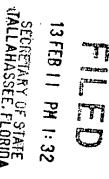
Office Use Only

FEB 12 2013 B. KOHR



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(850) 245-6051.

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT:	Buccaneer Buil	ds LLC	
•	Name of Limit	ed Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	ASE SEE
Please return all corre	espondence concerning this matt	ter to the following:	
Jor	nathan Herna	andez	SET OF
		Name of Person	TONE . 32
		Firm/Company	<u>jr</u>
892	3 Deer Be	erry Ct	
	•	Address	
Jack	esonville, FL	32256	
	Cii	ry/State and Zip Code	
jon	a. nernanaeza	gmail. com  of future annual report notification)	
For further information	on concerning this matter, please	e call:	
Jonathan	Hernandez	at ( 904 ) 403 - 1	313
Nan	ne of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check	for the following amount:		
□\$125.00 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 Cl Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LE I - Name: e of the Limited Liab	ility Company is:
 Buccaneer	Builds

(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:
8923 Deer Berry Ct	8923 Deer Berry Ct
Jacksonville, FL 32256	Jacksonville, FL 32256
	•

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:

Gilbert	Victorino	
·	Name	
12327	Sunchase	Dr
Florid	la street address (P.O.	Box NOT acceptable)
Jack:	smville, FL	32246
	City, State, and Zi	

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>Citle:</u> MGR" = Manager	Name and Address:
MGRM" = Managing Member	
MGR	Jonathan Hernandez  8923 Deer Berry Ct  Tacksonville, FL 32256
, , , , , ,	8922 Deer Revin It
1	Tacksonville, FL 32256
•	,
•	
•	
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Use attachment if necessary)  EV: Effective date, if other than	the date of filing: (OPTION
E V: Effective date, if other than	ust be specific and cannot be more than five busin
E V: Effective date, if other than fective date is listed, the date m	ust be specific and cannot be more than five busin
EV: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE:	sust be specific and cannot be more than five busing.)
EV: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a men constitutes an affirmation un	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than fective date is listed, the date mor 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a men constitutes an affirmation un I am aware that any false inf	nber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State
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