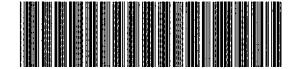
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2014 MAR 24 PH 12: 34

EFFECTIVE DATE #3/17/14

MAR 2 7 2014 D. BRUCE

## **COVER LETTER**

4.

TO:	Registration Division of	n Section Corporations				
SUBJE	CCT: BTCK	BUCKS & TURKEY HUNT Name of Lii	GUIDE SERVICE LLC	2		
		s of Organization and fee(s) a	_			
Please	return all corre	espondence concerning this m	atter to the following:			
	BRIAN V	<u> </u>	Name of Person			
			Name of Person			
	BTCK B	UCKS & TURKEY HUNT (				
			Firm/Company			
	10430 N	IE 67TH TER				
			Address			
	BRONS	ON FL 32621-0567				
			City/State and Zip Code	•		
<u>B</u> 1	CKWILKER	SON@YAHOO.COM E-mail address: (to be use	d for future annual report	t notification)	2014 IAL	-
For fur	ther informatio	on concerning this matter, ple	ase call:		MAR 2	Pin Pin
BRIAN	WILKERSO		352 <u>) 490-1457</u>		Sign of the second of the seco	1
	Nar	me of Person	Area Code Day	time Telephone Number	SC 35 35 S 17 37 Kd	3 - 4 2 - 4 4
Enclose	ed is a check for	or the following amount:			₩ ₩ ₩	•
□ \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee Certified Copy (additional copy is end	Certificate of	of Status & ppy	
		iling Address	Street/Cour			

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

ARTICLE I - N				
The name of the	Limited Liability Com	pany is:		
BTCK BUCKS	& TURKEY HUNT G (Must end with the		LC iability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - A		of the principal offi	ce of the Limited Liability C	ompany is:
Principal Office	Address:		Mailing Address:	
10430 NE 67T BRONSON FL			PO BOX 567 BRONSON FL 32621-05	667
another business	s entity with an active F e Florida street address	Florida registration.		<u> </u>
	BRIAN WILKE	ERSON Name	<del></del>	•
	10430 NE 671 Florida street a	TH TER address (P.O. Box <u>N</u>	IOT acceptable)	
	BRONSON	City	FL 32621 Zip	
the place des capacity. I fur	ignated in this certifica ther agree to comply wi	ite, I hereby accept t ith the provisions of and accept the oblig	ice of process for the above so the appointment as registered fall statutes relating to the pro- pations of my position as regis 605, F.S	agent and agree to a oper and complete pe
of my duties,	Register	ed Agent's Signatu	re (REOUIRED)	
of my duties,	Register	red Agent's Signatu		Ā.
of my duties,	Register	red Agent's Signatu  (CONTINUE)  Page 1 of 2		IALLAH IALLAH

EFFECTIVE DATE 03/17/14

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	TIMA WILLIEDOON	
AMBR / MGR	TINA WILKERSON	
•	10430 NE 67TH TER BRONSON FL 32621	
	BRONOON I E 3202 F	_
MGR / AMBR	BRIAN WILKERSON	
•	10430 NE 67TH TER	_
	BRONSON FL 32621	
<del></del>		_
		<del></del>
		<del>_</del>
(Use attachment if necessary)		
ective date is listed, the date must be of filing.)	ate of filing: 03/17/2014 (OPTIONAL) specific and cannot be more than five business days prior to o	r 90 (
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	specific and cannot be more than five business days prior to o	r 90 (
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	specific and cannot be more than five business days prior to o	r 90 (
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E VI: Other provisions, if any.  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation ur I am aware that any false interest of the section constitutes any false interest.	specific and cannot be more than five business days prior to o	
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