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SECRETARY OF STATE

A Section A Section 2019

COVER LETTER

	gistration vision of C	Section orporations		
SUBJECT:	:	Buybuyde Name of Lim	als LLC nited Liability Company	
The enclose	ed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return	n all corres	pondence concerning this ma	atter to the following:	
		Geri	Liss & Jiu	. Kreis
			Name of Person	
		Bushunde	alc	
		2 Jungo	M.S. Firm/Company	<u>, , , , , , , , , , , , , , , , , , , </u>
	94	010 Weathe	YVake Mnr Address	
			ity/State and Zip Code	32Y
		E-mail address: (to be used	for future annual report notifica	tion)
For further i	information	concerning this matter, plea	se call:	
Ge	rî L	at (at (at (954) 821 /. Area Code Daytime Tel	219 ephone Number
Enclosed is	a check for	the following amount:		
\$125.00 Fil	ling 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)
	Mai	ling Address	Street/Courier Addi	<u>ress</u>

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:
Buybunders LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
9610 Weathervane Mnr () plantation, CC. 33324 Stame
<u> </u>
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:
Jonathan Liss
4000 Horrywood Blid. Suite 610 1
Florida street address (P.O. Box NOT acceptable)
Hortywood FL 33021
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 605, F.S
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	0 . 1 .	
<u>m</u> mBR	Ger Liss	_
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	gartatin, a. 33324	<u>-</u>
		- -
AMBR	Liu Kseis	_
	10057 NW 13th ST	_
	plontation, pl. 33322	=
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ARTICLE IV-