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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Buccito Empire, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dale Alexander
Name of Person
Firm/Company
180 Lake Drive unit 2202
Address
Palm Beach Shores FC 33404 City/State and Zip Code dale & buss, frempire. com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dale Alexandr at (813) 767-7701 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations

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

New Filing 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:		
Buch. 45 Empire, LLC (Must end with the words "Limited Liability Com	ipany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Lim		
Principal Office Address:	Mailing Address:	
<u>Same</u>	180 Lake Drive unit 2202 Palm Beach Shures, Fr 30404	
ARTICLE III - Registered Agent, Registered Office, & Registered of (The Limited Liability Company cannot serve as its own Registered Agranother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are		
Name 180 Lake 11 Florida street address (P.O. Box NC) Pala Beuth Shores City State		The state of the s
Having been named as registered agent and to accept service of process for place designated in this certificate. I hereby accept the appointment as registerer agree to comply with the provisions of all statutes relating to the promotion of a my position as registered agent familiar with and accept the obligations of my position as registered agent agen	ristered agent and agree to act in this capacity. If roper and complete performance of my duties, and	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR_	Palm Beach Shory, FC 35401
(Use attachment if necessary)	6 MAR 28 PM 1. 5
(Ose attachment if necessary)	0 A
	cannot be more than five business days prior to or 90 c
f the date inserted in this block does not meet the a ment's effective date on the Department of State's	pplicable statutory filing requirements, this date will not be records.
of filing.) If the date inserted in this block does not meet the aument's effective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE:	
REOUIRED SIGNATURE: Signature of a member or This document is executed in acc. I am aware that any false informat constitutes a third degree felony a:	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a member or This document is executed in acc. I am aware that any false informat constitutes a third degree felony a:	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State

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)