L/600006520/

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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W 16-019332

04/05/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2016

NICHOLAS WHITE 120 LEHANE TERR., UNIT 116 N. PALM BEACH, FL 33408

SUBJECT: BUCKINGHAM PARTNERS, LLC

Ref. Number: W16000019332

We have received your document for BUCKINGHAM PARTNERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P98000039456.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 516A00005336

COVER LETTER

TO: **Registration Section Division of Corporations** Buckingham Partners, 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: Nicholas White Name of Person **Buckingham Partners, LLC** Firm/Company 120 LEHANE TERRACE, UNIT 116 Address NORTH PALM BEACH, FL 33408 City/State and Zip Code buckinghampartners@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicholas White at (561) 315-6364 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: ■\$125,00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status **Certified Copy** Certificate of Status & Certified Copy (additional copy is enclosed) (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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must end with the words "Lir	Knyham Acal Estate factivecs, LLC mited Liability Company, "L.L.C.," or "LLC."	
ARTICLE II -	Address:		
The mailing add	dress and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
120 LEHANE TERI	RACE, UNIT 116	120 LEHANE TERRACE, UNIT 116	
NORTH PALM BEA	CH, FL 33408	NORTH PALM BEACH, FL 33408	
business entity with	an active Florida registration.)		
business entity with	an active Florida registration.)		
business entity with	an active Florida registration.) ne Florida street address		
business entity with	an active Florida registration.) ne Florida street address	s of the registered agent are: Name	
business entity with	an active Florida registration.) ne Florida street address Nicholas White 120 LEHANE TERRACE	s of the registered agent are: Name	
business entity with	an active Florida registration.) ne Florida street address Nicholas White 120 LEHANE TERRACE	Name E, UNIT 116 street address (P.O. Box <u>NOT</u> acceptable)	
business entity with	an active Florida registration.) ne Florida street address Nicholas White 120 LEHANE TERRACE Florida	Name E, UNIT 116 street address (P.O. Box <u>NOT</u> acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page i of 2

15 APR -4 AH 8: 58

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGRM	NICHOLAS B.WHITE
	120 LEHANE TERRACE, UNIT 116
	NORTH PALM BEACH, FL 33408
	AND THE COLUMN TO SERVICE AND THE
(Use attachment if necessary)	
THE W. Effective data if other	than the date of filing: (OPTIONAL)
LE V: Ellective date, il ottlet	ite must be specific and cannot be more than five business
o or 90 days after the date of	
o or you days after the date of	
	g.,
REQUIRED SIGNATURES	
·	
·	
REQUIRED SIGNATURES	

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nicholas White

Typed or printed name of signee

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)