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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

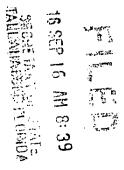
Special Instructions to Filing Officer:





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T HENDERSON SEP 2 7 2016

COVER LETTER

1O: Registration Section Division of Corporations
SUBJECT: BUDDY BQ 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:
MARIL BUDIANSKY Name of Person
rank of Person
Firm/Company
1774 JOHN ANDERSON DR. Address
ORMOND BCH FC 32176
ORMOND BCH FC 32176 City/State and Zip Code Buddy B 1/2 @ G-MA IL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK RUDIANSKY at 386, 334-2865 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
1774 JOHN ANDERSON DR. ORMOND BCH FL 32176	SAME

The name and the Florida street address of the registered agent are:

ARTICLE I - Name:

MARK RUDIANSKY Name 1774 JOHN ANDERSON DR Florida street address (P.O. Box NOT acceptable)

ORMOND BCH FL 32176
City State Zip

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" Manager	MARK SUDIANS	izy_	
 			
(Use attachment if necessary)			
ective date is listed, the date must be specific of filing.) If the date inserted in this block does not meet t	ling: (OPTION and cannot be more than five business days priction applicable statutory filing requirements, this details are applicable.	or to or 90	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-