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	(Requestor's Name)
-	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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- 	Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: BUYON SCANICES LLC Name of Limited Liability Company
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:
SCRIPLE Brussen Name of Person
Name of Person
Bruson Services LLC Firm/Company
Firm/Company
124 Sam Smith Circle Address Crawfordville FL 32327 City/State and Zip Code The Bruson 28 @ gmall. Com E-mail address: (to be used for future annual report notification)
Address
Crawfordville FL 32327
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Spercer Bruson at (850) 784 - 8840 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 Certified Copy Certificate of Status (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

Must contain 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:

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:

Junct Bruson

Name

165 mills Green Canyon

Florida street address (P.O. Box NOT acceptable)

Crowfordvill FL 32327

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)

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The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member	
"MGR" = Manager	
AMER	Spencer Harry Bruson 124 Sum SMith Carcle
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	124 Sum SIMITA CATCLE
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(Use attachment if necessary)	
cument's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not be list nent of State's records.
CLE VI: Other provisions, if any.	
•	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	Za 101-2
REQUIRED SIGNATURE:	Brison
REOUIRED SIGNATURE: SPLINCLE Signature of	a member or an authorized representative of a member.
REOUIRED SIGNATURE: Signature of This document is ended to an aware that any	a member or an authorized representative of a member, secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State
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REOUIRED SIGNATURE: Signature of This document is end and aware that any constitutes a third design.	a member or an authorized representative of a member. Recuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: f Organization and Designation of Registered Agent

\$ 5.00 Certificate of Status (Optional)