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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: legal@buc-ees.com

**Foreign Limited Liability Company  
BUC-EE'S FORT PIERCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

2024 MAR 25 PM 4:13

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 25 PM 4:55

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Buc-ee's Fast Pierce, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware 3. 99-1395075  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

5. 327 FM 2004, Lake Jackson, TX 77566 6. 327 FM 2004, Lake Jackson, TX 77566  
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System  
Jeanne Nelson  
(Registered Agent's Signature)

4041 HAR 25 PM 4:55


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jeff Nadalo</u>	<input type="checkbox"/> Manager	Name: <u>Joe O'Leary</u>
<input checked="" type="checkbox"/> Member	Address: <u>327 FM 2004</u>	<input checked="" type="checkbox"/> Member	Address: <u>327 FM 2004</u>
<input type="checkbox"/> Authorized	<u>Lake Jackson, TX 77566</u>	<input type="checkbox"/> Authorized	<u>Lake Jackson, TX 77566</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Arch H. Aplin, III</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input checked="" type="checkbox"/> Member	Address: <u>327 FM 2004</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Lake Jackson, TX 77566</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

  
 Signature of authorized person  
 Jeff Nadalo  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF 'BUC-EE'S FORT PIERCE, LLC'. FILED IN THIS OFFICE ON THE EIGHTH DAY OF FEBRUARY, A.D. 2024, AT 12:38 O'CLOCK P.M.



3074527 8100  
SR# 20240418636

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202777973  
Date: 02-09-24

**CERTIFICATE OF FORMATION  
OF  
BUC-EE'S FORT PIERCE, LLC**

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered: 12:38 PM 02/08/2024  
FILED: 12:38 PM 02/08/2024  
SR: 20240418626 - File Number: 3074527

The undersigned, acting as the organizer of a limited liability company under the Delaware Limited Liability Company Act, does hereby adopt the following Certificate of Formation for Buc-ee's Fort Pierce, LLC (the "*Company*").

**ARTICLE I**

The name of the limited liability company formed hereby is:


Buc-ee's Fort Pierce, LLC

**ARTICLE II**

The address of the registered office and the name and address of the registered agent for service of process on the Company in the State of Delaware is:

The Corporation Trust Company  
Corporation Trust Center  
1209 Orange Street  
City of Wilmington, County of New Castle, Delaware, 19801

IN WITNESS WHEREOF, this Certificate of Formation is executed effective February 7, 2024.

  
\_\_\_\_\_  
JEFF NADALO

Jeff Nadalo  
Authorized Person