# CAPITAL CONNECTION, INC.

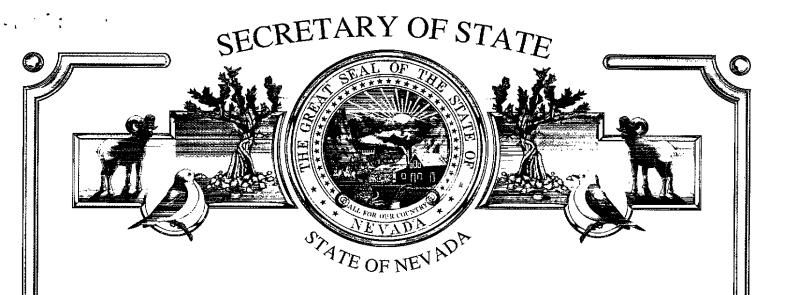
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Buckeyetcf Jechnology LLC	- 0000030014005 -09/30/9901039015 ****285.00 ****285.00
Name Availability  Document Examiner  Updater  Ucaier erifyer Acknowledgement  P Verifyer	Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Fictitious Search  Fictitious Owner Search
Signature	Vehicle Search  Driving Record
Requested by: 9/30/09 9:49 Name Date Time	UCC 1 or 3 File  UCC 11 Search  UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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

IN COMPLIA LIMITED LIAI	NCE WITH SECTION 608.503, FLO. BILITY COMPANY TO TRANSACT BU	RIDA STATUTES, I USINESS IN THE S	THE FOLLOWING IS S TATE OF FLORIDA:	UBMITTED TO RI	EGISTER A FOI	REIGN
4	BUCKEYEJCF  preign limited liability company must in the name at present.)			r their abbreviation	ı "L.C." if not	A to resemble
2	NEUBDA a under the law of which foreign lin		(FEI numb			<del></del>
	Obligation) (Date of Organization)		(Duration: Year limited			
6	(Date first transacted business	in Florida. (See sec	exist or "perpetual") tions 608.501, 608.502,	and 817.155, F.S.	<u> </u>	
7	1040 E OLI		#811			ilia. va ili te
	PENSACOLA)	FL,	32514 rincipal office)			
8. List name, will manage	title, and business address of ge the foreign limited liability	each managing company in Flo	member[MGRM] o	r manager[MG]	R]who	
	NAME & ADDRESS:	TITLE:			• /	
	NAME & ADDRESS:	TITLE:	NAME & ADDI	RESS:	TITLE:	
	NAME & ADDRESS:	TITLE: <u>MA</u> NASE	NAME & ADDI	RESS:	TITLE:	·
	NAME & ADDRESS:	TITLE: <u>Ma</u> mbee D#011	NAME & ADDI	RESS:	TITLE: 99 SEP	DIVISION O
	NAME & ADDRESS:  JOSHUA C FOCHT  1040 E OLIVE R	TITLE: <u>Ma</u> mbee D#011	NAME & ADDI	RESS:	TITLE: 99 SEP 30 AM	SECRETARY OF SI
	NAME & ADDRESS:  JOSHUA C FOCHT  1040 E OLIVE R	TITLE: <u>Ma</u> mbee D#011	NAME & ADDI	RESS:	TITLE: 99 SEP 30	SECRETARY OF STATE DIVISION OF CORPORATIONS
	NAME & ADDRESS:  JOSHUA C FOCHT  1040 E OLIVE R	TITLE: <u>Ma</u> mbee D#011	NAME & ADDI	RESS:	TITLE: 99 SEP 30 AM 9: 0	DIVISION OF CORPORATIONS

language, a translation of the certificate under oath of the translator must be submitted.)



#### LIMITED-LIABILITY COMPANY CHARTER

I, DEAN HELLER, the Nevada Secretary of State, do hereby certify that **BUCKEYEJCF TECHNOLOGY LLC** did on **July 21, 1999**, file in this office the Articles of Organization for a Limited-Liability Company, that said Articles are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain the provisions required by the laws governing Limited-Liability Companies in the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office in Carson City, Nevada, on **July 21, 1999.** 

Secretary of State

Certification Clerk

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.	<u> </u>
1. The name of the Limited Liability Company is:	
BUCKEYESCF TECHNOLOGY LLC	- 11 <u>-</u> 11 - 12
2. The name and the Florida street address of the registered agent and office are:	
Capital Connection, Inc. (Name)	·
417 E. Virginia Street, Suite 1  Florida street address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301 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.	
Client Representative Client	

Filing Fee: \$ 35 for Designation of Registered Agent

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned mem	ber or authorized repr	esentative (	of a member of	BUCKEY	EJCF	
TECHNOLO	64		_ certifies:			
1) the above named list	mited liability compan	y has at lea	ast one member;			
2) the total amount of	cash contributed by the	ne member(	(s) is		\$ <u>3700</u> ;	
3) if any, the agreed v. (A description of the and	alue of property other e property is attached			ber(s) is	\$;	·
4) the total amount of by member(s) is (This total includes)	cash and property con amounts from 2 and 3		d anticipated to be c	contributed	<u>\$ 3200.</u>	
——————————————————————————————————————	Joshua C	_ <del>_</del>	the	: r 29	<b>w</b> · · ·	e e e e e e e e e e e e e e e e e e e
affie	cordance with section 60 dayit constitutes an affirmated herein are true.)	an author 8.408(3), Flor tion under the	rized representative rida Statutes, the execute penalties of perjury the	e of a memb ion of this at the facts	er.	
	JOSHUA	С	FOCHT		- -	· · · · · · · · · · · · · · · ·
	Tyr	ed or print	ed name of signee			

Filing Fee: \$250.00 for Application and Affidavit