

P230 0002 9353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

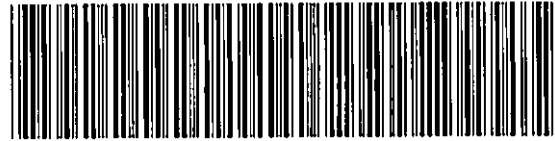
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2023 MAR 23 11:41:55

MyCorporation

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**ROUTINE SERVICE FILING REQUEST**

Tuesday, March 21, 2023

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Buckeye Biofuels International, INC.**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Incorporation for the above referenced company.

Enclosed is a check in the amount of \$78.75 for filing and for a **certified copy**.

Please return the filed articles and certified copy in the UPS envelope provided.

Thank you for your assistance.

Sincerely,

MyCorporation  
**Attn: Fulfillment Dept.**  
26025 Mureau Road, Suite 120  
Calabasas, CA 91302

# FLORIDA PROFIT BENEFIT CORPORATION

## COVER LETTER

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

Buckeye Biofuels International, INC.

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                 & Certificate of  
                                 Status

**ADDITIONAL COPY REQUIRED**

MyCorporation  
FROM: \_\_\_\_\_  
Name (Printed or typed)  
26025 Mureau Rd. Suite 120  
\_\_\_\_\_  
Address  
Calabasas, CA 91302  
\_\_\_\_\_  
City, State & Zip  
877-692-6772  
\_\_\_\_\_  
Daytime Telephone number  
processing@mycorporation.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.

Ravenna, OH 44266

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

If applicable, BENEFIT DIRECTOR:

Name : Harold R. Mladek

Address 1066 Yorkshire Dr.

Ravenna, OH 44266

If applicable, BENEFIT OFFICER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Philip Olan

Address: 325 NE Epazote St

Pinetta, FL 32350

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harold R. Mladek

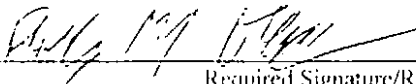
Address: 325 NE Epazote St

Pinetta, FL 32350

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

none

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

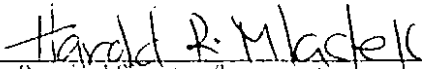


Required Signature/Registered Agent

3/2/2023

Date

I submit this document and affirm that the facts stated herein are true, I am aware that the 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.



Required Signature/Incorporator

3/2/2023

Date

2023 MAR 23 PM 4:56  
M.L.A.D.E.K.