## P2300029353

| (Re                     | questor's Name)    |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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| -                       |                    |           |
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Office Use Only



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Corporation CO.

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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

|                      | e Biofuels International, INC.            |                                       |   |
|----------------------|---|---------------------------------------|---|
| SUBJECT:             | (PROPOSED CORPORA                         | VTE NAME – <u>MUST INCL</u>           | UDE SUFFIX)   |
| Enclosed are an orig | inal and one (1) copy of the ar           | ticles of incorporation an            | d a check for:  |
|                      | S78.75 Filing Fee & Certificate of Status | ■ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50<br>Filing Fee,<br>Certified Copy<br>& Certificate o<br>Status |
|                      |   | ADDITIONAL CO                         | DPY REQUIRED  |
| FROM:                |   | e (Printed or typed)                  |   |
| 260                  | 025 Mureau Rd. Suite 120                  |                                       |   |
| Cal                  | abasas, CA 91302                          | Address                               |   |
|                      | City                                      | , State & Zip                         | <del></del>   |
| 877                  | '-692-6772                                |                                       |   |
|                      | Daytime                                   | Telephone number                      |   |
| pro                  | cessing@mycorporation.com                 |                                       |   |
|                      | E-mail address: (to be use                | ed for future annual report           | notification)   |

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

## ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| RTICLE II PRINC   | TPAL OFFICE<br>Principal <u>street</u> address  |   |  |                          |                  |
|---|---|---|--|--------------------------|------------------|
| 1066 Yorkshire Dr.  |   |   |  |                          | •                |
| Ravenna, OH 44266   |   |   |  |                          |                  |
| the corporation elects to<br>the purpose for which to<br>Biomass alternative to | T STATEMENT AND BUSINESS PURPOS  to be a benefit corporation in accordance with the corporation is organized is to create a gene biofuel production & sales and creating a  taken as a whole, as assigned against a | s. 607.603, F.S.<br>eral public benefi<br>material positive | e impact on society  |                          |                  |
|   |   |   |  |                          |                  |
| he general and/or spec  | ific public benefit(s) to be created by the corp  | poration (in addit  | tion to its general purp                                       | ose) is                  | /are as          |
|   |   |   |  |                          | <b>N</b> 2       |
|   |   |   |  | -                        | 2023 H           |
|   |   |   |  | <u>-</u>                 | 2023 HALL        |
|   |   |   |  | -<br>:                   | 2023 MAII 123    |
|   |   |   |  |                          | <del>- 3</del> : |
| ollows (optional):  (RTICLE IV SHAR  The number of shares of                    |   |   |  | <br>-<br>:               | iii<br>Ai∷ 3     |
| RTICLE IV SHAR the number of shares of  | stock is:   |   |  | if App                   | Ai: 23           |
| RTICLE IV SHAR the number of shares of  | stock is:   |   | Hepsiba Kolati - Tr  | <i>(if App</i><br>easure | Ai: 23           |
| RTICLE IV SHAR he number of shares of   | stock is:  AL OFFICERS, DIRECTORS, BENEFTT DI Harold R. Mladek - Director, President 1066 Yorkshire Dr.   | Name and Title  | Hepsiba Kolati - Tri<br>1066 Yorkshire Dr.                     | (if App<br>easure        | Ai: 23           |
| RTICLETY SHAR the number of shares of  RTICLE 1/ INITE  Name and Titl           | stock is:  AL OFFICERS, DIRECTORS, BENEFIT DI  Harold R. Mladek - Director, President  1066 Yorkshire Dr  | Name and Title  | Hepsiba Kolati - Tr  | (if App<br>easure        | NATE So          |
| RTICLE IV SHAR he number of shares of  RTICLE V INITE  Name and Titl  Address   | Harold R. Mladek - Director, President 1066 Yorkshire Dr. Ravenna, OH 44266   | Name and Title Address:                                     | Hepsiba Kolati - Tri<br>1066 Yorkshire Dr.<br>Ravenna, OH 4426 | (if Apr<br>easure        | Ai: 23           |
| RTICLE IV SHAR The number of shares of RTICLE V INITE Name and Titl Address     | Harold R. Mladek - Director, President 1066 Yorkshire Dr. Ravenna, OH 44266   | Name and Title Address: Name and Title                      | Hepsiba Kolati - Tri<br>1066 Yorkshire Dr.<br>Ravenna, OH 4426 | (if Aprileasure          | Aii (3)          |

| Name and Title:                     |                                 | Name and Title:  |   |             |               |
|-------------------------------------|---------------------------------|--|---|-------------|---------------|
| Addre                               | ess                             | · · · · · · · · · · · · · · · · · · ·  | Address:                                  | <del></del> |               |
| II appl<br>Name<br>Addre            | :                               | ENEFIT DIRECTOR: Harold R. Mladek 1066 Yorkshire Dr. Ravenna, OH 44266                     | If applicable, BENEFIT OFF Name: Address: | ICER:       |               |
| The name and Name: Address:         | t Florida<br>Phi<br>325<br>Pine | STERED AGENT  street address (P.O. Box NOT accepta lip Olan  NE Epazote St  etta, FL 32350 | able) of the registered agent is:         |             | 2023 HAR 20   |
| <u>ARTICLE VII</u>                  |                                 | of the Incorporator is:  |   |             | ω .<br>Ξ      |
|                                     |                                 | farold R. Mladek   |   | -           | <del>1</del>  |
| Name: Address:                      | 3                               | 25 NE Epazote St   |   |             | ς.<br>Σ       |
|                                     | <br>F                           | Pinetta, FL 32350  | <del></del>                               |             |               |
| ARTICLE VI.                         | H_ADDi                          | ITIONAL QUALIFICATIONS OF B  | ENEFIT DIRECTOR, IF ANY:                  |             | <del></del> - |
|                                     |                                 | registered agent to accept service of position with and accept the appointment             |   |             | lesignated in |
| mis cerigicale                      |                                 | •  | •   | 3/2/2023    |               |
| Required Signature/Registered Agent |                                 | ent  | Date                                      |             |               |
|                                     | documen                         | t and affirm that the facts stated here<br>tment of State constitutes a third degre        | in are true. I am aware that the fak      |             | bmitted in c  |
|                                     |                                 | Hard R. Mr.  | -b1(                                      | 3/2/2023    |               |
|                                     |                                 | Required Signature/Incorporator  |   | Date        | <del>e</del>  |