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TALLAHASSEE ELONIO

T. Burch (2012) 1 2014

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>1954 Oregon Trail LLC</u> Name of Li	mited Liability Company
The en	closed Articles of Organization and fee(s) a	are submitted for filing.
Please	return all correspondence concerning this n	natter to the following:
	Mark E. Bassett	Name of Person
		Name of Ferson
		Firm/Company
	2214 Sonoma Drive, E	Address
	Nokomis,FL 34275	City/State and Zip Code
<u>O</u>	Rtrailcondo@gmail.com E-mail address: (to be use	ed for future annual report notification)
For fu	ther information concerning this matter, ple	ease call:
<u>Mark</u>	E. Bassett at (at (at (at (at (941) 809-7821 Area Code Daytime Telephone Number
	is a check for the following amount: 00 Filing Fee \$\sum \text{Certificate of Status}\$	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
1954 Oregon Trail, LLC (Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2214 Sonoma Dr. East Nokomis, FL 34275	2214 Sonoma Dr. East Nokomis, FL 34275	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a	egistered Agent. You must designate an individual op of the second of th	
Mark E. Bassett	PN EE.F	m
Name	TOR NATIONAL STATE OF THE STATE	
2214 Sonoma Dr. East Florida street address (P.O. Box I	FLORIDA NOT acceptable)	
Nokomis	FL 34275	
City	Zip	
capacity. I further agree to comply with the provisions of	the appointment as registered agent and agree to act in t	his ance

Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
	MGR- Mark E. Bassett	
	2214 Sonoma Dr. E	
	Nokomis, FL 34275	<u>. </u>
	AMBR- Diane M. Bassett	PS 7
	2214 Sonoma Dr. E	
	Nokomis, FL 34275	
		ASS.
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(Use attachment if necessary) EV: Effective date, if other than the date ective date is listed, the date must be spot filling.)	of filing: (OPTIo	ONAL) prior to or 90
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E V: Effective date, if other than the date extive date is listed, the date must be spef filing.) E VI: Other provisions, if any.	of filing: (OPTICe cific and cannot be more than five business days p	ONAL) prior to or 90
E V: Effective date, if other than the date extive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	A Java mber or an authorized representative of a member	prior to or 90
E V: Effective date, if other than the date extive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	mber or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution of this	er.
E V: Effective date, if other than the date extive date is listed, the date must be spond filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes are section 60.	mber or an authorized representative of a member 5.0203 (1) (b), Florida Statutes, the execution of this critic penalties of perjury that the facts stated herein	er. s document are true.
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E V: Effective date, if other than the date extive date is listed, the date must be spef filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information constitutes a third degree felonic	mber or an authorized representative of a member of the penalties of perjury that the facts stated herein mation submitted in a document to the Department of y as provided for in s.817.155, F.S.)	er. s document are true.

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