

L03000007756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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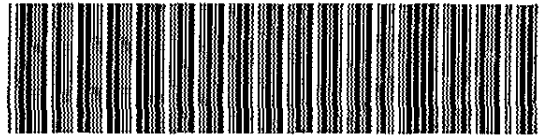
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA



SHEILA D. BARCOMB
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EMAIL: SBARCOMB@LATHROPGAGE.COM
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SPRINGFIELD, MISSOURI 65808-4288
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February 25, 2003

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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03 MAR -3 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Bash Florida Property Management, L.L.C.

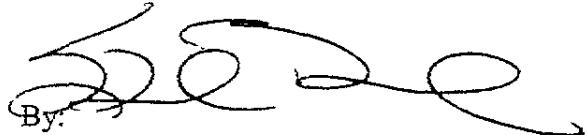
Dear Sir or Madame:

I have enclosed duplicate originals of the Articles of Organization for Bash Florida Property Management, L.L.C. for filing with your office. Also enclosed, is a check in the amount of \$125.00, the fee for filing same.

If you have any questions, you may contact me via e-mail at sbarcomb@lathropgage.com or at 417-877-5932. Thank you for your assistance in this matter.

Sincerely,

LATHROP & GAGE L.C.

By: 

Sheila D. Barcomb
Paralegal

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
BASH FLORIDA PROPERTY MANAGEMENT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
3004 Westridge Drive, Holiday, FL 34691

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Edward J. Bash

Name

3004 Westridge Drive

Florida street address (P.O. Box **NOT** acceptable)

Holiday

FL 34691

City, State, and 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edward J. Bash

Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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