

L04000056883

(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:

Name
Availability

Document
Type DCC

Use _____ Office Use Only

Document
Type DCC

Document
Type DCC

Document
Type DCC



100038338931

07/09/04--01041--003 **105.00

07/30/04--01019--025 **25.00

07/30/04 10:40 AM

July 6, 2004

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Filing for Articles of Organization & Certificate of Status

To whom it may concern:

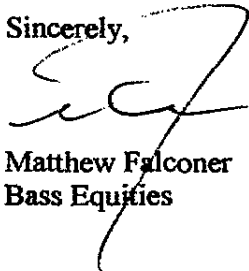
Please find the enclosed Filing for Articles of Organization & Certificate of Status and our check for:

BASS EQUITIES, LLC
4403 Vineland Rd, Suite B-15
Orlando, FL 32811
Phone 407-650-9100
Fax 407-650-1999

If you should need to contact me, please call the office at phone number 407-650-9100.

Thank you.

Sincerely,



Matthew Falconer
Bass Equities

BASS EQUITIES, LLC
4403 Vineland Rd, Suite B-15
Orlando, FL 32811
Phone 407-650-9100
Fax 407-650-1999

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BASS EQUITIES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW FALCOWYK
(Name of Person)

BASS EQUITIES, LLC
(Firm/Company)

4403 VINELAND RD, SUITE B-15
(Address)

ORLANDO FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW FALCOWYK at (407) 650-9600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 15, 2004

MATTHEW FALCONER
BASS EQUITIES, LLC
4403 VINELAND RD., SUITE B-15
ORLANDO, FL 32811

SUBJECT: BASS EQUITIES, LLC
Ref. Number: W04000027072

We have received your document for BASS EQUITIES, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

You failed to submit the registered agent designation fee of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 904A00045106

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASS EQUITIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4403 VINELAND RD
SUITE B-15
ORLANDO, FL 32811

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

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

MATTHEW FALCON
Name

4403 VINELAND RD, SUITE B-15
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FLORIDA 32811
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, Florida Statutes..


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MATTHEW FALCONER
4403 VINELAND RD SUITE B-15
ORLANDO, FL 32811

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

MATTHEW FALCONER
Typed or printed name of signee

2001 JUN 10 A 9:40

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)