

10/04/2005 02:57 4078922302

MATT WILLIAMS

PAGE 01

FROM : CLARION VENTURES, INC.

FAX NO. 23-65-8640

DATE: 10/04/2005 02:42PM

LD5000098462

(3)

10/5

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000227393 3)))

10/04/2005

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

LD5-98462

RECEIVED  
05 OCT -5 AM 10:06  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BAS Works LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED  
05 OCT -5 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Menu

(((H05000227393 3)))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Bas Works, LLCAUDIT # (((H05000227393 3)))**ARTICLE II - Address:**

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

**Principal Office Address:**4701 Petal Pawpaw LaneSaint Cloud, FL 34772**Mailing Address:**4701 Petal Pawpaw LaneSaint Cloud, FL 34772**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Matthew J. Williams

Name

4701 Petal Pawpaw LaneFlorida street address (P.O. Box **NOT** acceptable)Saint CloudFLORIDA 34772

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

*Audit#(((H05000227393 3)))*

**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:**

#1memorman#

Matthew J. Williams

4701 Petal Pawpaw Lane

Saint Cloud, FL 34772

#2memorman#

Sandra I. Williams

4701 Petal Pawpaw Lane

Saint Cloud, FL 34772

#3memorman#

#memorman3#

#memormanaddress3#

#memormancity3# #memormanstate3#, #memorr

#4memorman#

#memorman4#

#memormanaddress4#

#memormancity4# #memormanstate4#, #memorm

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Matthew J. Williams*

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 J. Williams*

Typed or printed name of signer

**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)

*Audit#(((H05000227393 3)))*