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Office Use Only

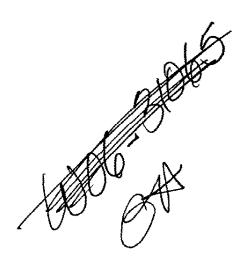


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SJUL 31 PM 3: 46
CORETARY OF STATE
LAHASSEE, FLORIDA



COVER LETTER

TO:	Registration Se Division of Co			·	
SUBJI	ECT:		Case, LLC.		
		of Organization and fee(s) a	-		
Please	return all corresp	ondence concerning this n	natter to the following:		
	Virgi	Inia L-Ring	(Name of Person)		 ·,
	Da	Basket Cas	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	
			(Firm/Company)		
	4000	NW 51st S	freet A-12 (Address)	······································	_
	<i>Ga</i> .	inesville, Flo	Tidu 301,06 (City/State and Zip Code)		
For fu		concerning this matter, ple		SECRETARY OF TALLAHASSING OF T	
_		or the following amount \$130.00 Filing Fed Certificate of Status		\$160.00 Fitting Federal Control Copy (additional copy is enclose	n e, i
			C4		

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



July 13, 2006

VIRGINA L. RING 4000 NW 51ST ST., #A-12 GAINESVILLE, FL 32606

SUBJECT: DA BASKET CASE, LLC

Ref. Number: W06000031065

We have received your document for DA BASKET CASE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 11, 2006, Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 106A00045076

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	-
The name of the Limited Liability Company is:	
Du Basket Case, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC,"	"or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Li-	ability Company is:
Principal Office Address: Mailing Address:	
Da Basket Case 6571 SW 80th Street 5200 NW 43. Trenton, FL 32693 Galnesville, FL 3	Se. rd Street Sui
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualistic business entity with an active Florida registration.)	Signature: dual or another
The name and the Florida street address of the registered agent are: Virginia L. Ring Name 65 H SW 80th Street Florida street address (P.O. Box NOT acceptable) Trenton FL 32693 City, State, and Zip	FILED 06 JUL 31 PH 3: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Husing have wanted as varietaved agent and to appent service of maggar for the	ahana atata d limita d

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 (REQUIRED)

(CONTINUED) Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	ranic and radii cost
"MGRM" = Managing Member	
WA A O	
mgR	5200 NW 43rd St. Suite 102 #
	Gainesville, FL 32606
Wa d D	n mall a novil
mgr	Amit P. Govil 5000 NW 43rd St. Suite 102 #
	fainesville FL 32606
	
Section 1884	
	4. W 5. 1
	100
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	date of filing: Out la Dia 200 to topptional)
effective date is listed, the date must b	e specific and cannot be more than five business days prior
90 days after the date of filing.)	
	ASS 3
REQUIRED SIGNATURE:	m≺ Mo ¬ M
HENCHALD STORMS OF CO.	PFS T
21	STAT STATE
Wing	inia Skiny 57 5
Signature of a member	*
(In accordance with se	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Fling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)