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SECINDIANCE FLORID

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT: BASIC	C VENTURES LLC		
<u></u>		ed Liability Company)	, , , , , , , , , , , , , , , , , , ,
	_		
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	pondence concerning this matte	er to the following:	
UCHECH	IUKWU AUGUSTI	NE ONYEJIAKA	
		Name of Person)	
	((Firm/Company)	
6124 AD	THILD STORET	ADT 20	
0124 AR	THUR STREET,	(Address)	
		,	•
HOLLYV	VOOD, FL 33024	 	
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
	U ONYEJIAKA	at (954) 549790	
(Name	of Person)	(Area Code & Daytime T	clephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compan	y is:
BASIC VENTURES LLC	
(Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6124 ARTHUR STREET, APT 20	6124 ARTHUR STREET, APT 20
HOLLYWOOD, FL 33024	HOLLYWOOD, FL 33024
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
UCHECHUKWU AUGUSTINE ONYEJIAKA	
Name	
6124 ARTHUR STR	EET, APT 20 et address (P.O. Box NOT acceptable) FL 33024 ate, and Zip
Florida stree	et address (P.O. Box NOT acceptable)
HOLLYWOOD,	FL 33024
City, St	ate, and Zip 몸들 S
Having been named as registered agent and	

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 properties agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **EZINNE DIKE** 6124 ARTHUR STREET, APT 20 HOLLYWOOD, FL 33024 MGRM **UCHECHUKWU ONYEJIAKA** 6124 ARTHUR STREET, APT 20 HOLLYWOOD, FL 33024 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE

(In accordance with section 608-408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

in authorized representative of a member.

ONYEJIAKA

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

uchechukwy

that the facts stated herein are true.)

Signature of a