(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:				

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G. MCLEOD

MAY 2 7 2008

EXAMINER



300130066523

05/23/08--01032--004 **160.00

COVER LETTER

	gistration Section issued of Corporations	
SUBJECT:	Base And Pa	ring Consultant LLC
6	(Name of Lin	nited Liability Company)
The enclosed	d Articles of Organization and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this m	latter to the following:
	Farl E F	- adve
		(Name of Person)
		(Firm/Company)
		(i in in Company)
	10712 Deso	to Pd. (Address)
		(Address)
	Richard El	City/State and Zip Code)
********	Niverview, re	City/State and Zip Code)
For further in	nformation concerning this matter, ple	ase call:
End	y - /	
LATE	(Name of Person)	at (<u>813</u>) <u>965-0756</u> (Area Code & Daytime Telephone Number)
		, , ,
	a check for the following amount:	,
□\$ 125.00 Fi	lling Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & Y \$160.00 Filing Fee.
	Certificate of Status	Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporation	s Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
	нананамее, гр 32314	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
Base And Paring Con (Must end with the words Limited I	isultant LLC iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10712 Desute Rd	10712 Desato Rd.
Riverview, FL 33578	Riverview, FL. 33578

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limite

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

Name

10712 Desote Pd.

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

Riverview FL 33578

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 (REQUISED)

08 MAY 23 PH 2: 18

(CONTINUED) Page I of 2

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR 10712 Desoto Rd. Riverview, FL 37578 (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:** 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.) Earl F. Eady
Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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