

(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:
L. SELLERS
MAR - 9 2010

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**EXAMINER** 



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SECRETARY OF STATE

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RTICLESO	F ORGAN	NIZATION FO	R FLORIDA LIMIT	ED LIAB	ILITY COM	PANY
ARTICLE I		Liability Compar	ny is:			
		-				
Bassics, LLO	3					
	(Must end w	ith the words "Limited	Liability Company, "L.L.C.,"	or "LLC.")	<del></del>	
Principal Off	ddress and	street address of t	he principal office of t <u>Mailing Addre</u>		Liability Comp	pany is:
104 Austin Ct.			104 Austin Ct.			
Mary Esther	FL	32569	Mary Esther	FL	32569	
(The Limited Liab	ility Company	red Agent, Regis cannot serve as its own orida registration.)	tered Office, & Regist Registered Agent. You must	tered Agen designate an in	it's Signature: dividual or another	
The name and	the Florida	street address of	the registered agent ar	e:		
	Dia	ne R. Bass				

Diane R. Bass	
	Name
104 Austin Ct.	
Florida str	eet address (P.O. Box NOT acceptable)
Mary Esther	<sub>FL</sub> 32569
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 (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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing	nber
MGRM	Diane R. Bass
· · · · · · · · · · · · · · · · · · ·	104 Austin Ct.
	Mary Esther, FL 32569
•	
(Use attachment if neces	<i>v</i> )
LE V: Effective date, if	r than the date of filing: (OPTIONAL)
effective date is listed, the	te must be specific and cannot be more than five business days p
0 days after the date of fi	,)
	2:
REQUIRED SIGNATI	•
REQUIRED SIGNATI	20
REQUIRED SIGNATI	_ RRoss

Diane R. Bass

that the facts stated herein are true.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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