L1000064850

(Ko	equestor's Name)	
(Ac	ddress)	
-		
(Ac	ddress)	·
•		
(Ci	ity/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
	usiness Entity Nan	20)
(DC	ISINGSS Enuty Nan	ie)
		·
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special instructions to	Filing Officer:	
opeolar motractions to	rining Officer.	ł
		:
]
,		

Office Use Only



600180953506

05/17/10--01047--021 **155.00



N: October JUH 1 7 2015

COVER LETTER

Registration Section

Division of Corporatio	ns		
SUBJECT: First Base, LLC			
	ne of Resulting Florid	da Limited Company)
The enclosed Certificate of Coconvert an "Other Business Enaccordance with s. 608.439, F. Please return all correspondent	ntity" into a "Flori .S.	ida Limited Liabi	
Jamie Sylvester			
+	t Person)		
Anderson Business Advisors, PLLC			
(Firm/Co	ompany)		
732 Broadway, Suite 201			
(Add	dress)		
Tacoma, WA 98402			
(City, State a	and Zip Code)		
E-mail Address: (to be used for f	uture annual report no	otifications)	
For further information concer	ning this matter, p	please call:	
Jamie Sylvester	at ((800) 706-	4741
(Name of Contact Person)			aytime Telephone Number)
Enclosed is a check for the following	lowing amount:		
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		180.00 Filing Fees Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A Registration Division of C P. O. Box 63 Tallahassee,	Section Corporations 27



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 19, 2010

JAMIE SYLVESTER ANDERSON BUSINESS ADVISORS, PLLC 732 BROADWAY, SUITE 201 TACOMA, WA 98402

SUBJECT: FIRST BASE, LLC Ref. Number: W10000024327

We have received your document for FIRST BASE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Sections 607.1113, 608.4403, 620.2104, and 620.8914, F.S., require the certificate of conversion to be signed by the converting entity as required by applicable law. If the converting entity is a corporation, the certificate of conversion must be signed by a chairman, vice chairman, officer, director, or an incorporator. If the converting entity is a limited liability company, the certificate of conversion must be signed by a member or an authorized representative of a member. If the converting entity is a general partnership or limited liability partnership, the certificate of conversion must be signed by a general partner. If the converting entity is a limited partnership or limited liability limited partnership, the certificate of conversion must be signed by all of the general partners. If the converting entity is another type of business entity, an authorized person must sign the certificate of conversion.

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

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 110A00012630

FTLED:

10 JUN 17 PM 3: 13

FELLAMASSEE ELORION

Certificate of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	Conversion is: ted Partnership P07-313 (Enter Name of Other Business Entity)
2 The "Othe	r Business Entity" is a Limited Partnership
	Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organize	d, formed or incorporated under the laws of Florida
	(Enter state, or if a non-U.S. entity, the name of the country)
on 2/12/2007 (Enter dat	e "Other Business Entity" was first organized, formed or incorporate
	diction of the "Other Business Entity" was changed, the state or country s of which it is now organized, formed or incorporated:
4. The name Articles of O	of the Florida Limited Liability Company as set forth in the attached rganization:
	;
First Base, LLC	
	(Enter Name of Florida Limited Liability Company)
	(Enter Name of Florida Limited Liability Company)

Signed this 3	day of May	20 <u>10</u>	
Signature of M	ember or Authorized Represent	ative of Limited Liability	Company:
Signature of Me	mber or Authorized Representativ	e: Poles Ca	sale
	behalf of Other Business Entity:	·	,
	Packeum Casale		B
Printed Name: Ca	atherine Casale	Title: Member of Casale L	LC
Printed Name:		Title:	
Signature:			
Printed Name:		Title:	
Signature:			٠.
Printed Name:		Title:	
0.			
Printed Name:		Title:	
			• :
Signature:		Title	- CA
Timed Name		Title:	774
If Florida Corpo		0.49	
	irman, Vice Chairman, Director, or fficers have not been selected, an In-		
II Directors or O	meets have not occur sciented, an in	corporator titust signi	
	ral Partnership or Limited Liabili	ty Partnership:	
Signature of one	General Partner.		
	<u>ed Partnership or Limited Liabili</u> <u>L</u> General Partners.	ty Limited Partnership:	14 Sept.
All others:	uthorized person.		
	utilotized person.		:: :::::::::::::::::::::::::::::::::::
Fees:			
Certifica	te of Conversion:	\$25.00	
	Florida Articles of Organization:	\$125.00	
Certified Certifica	Copy: te of Status:	\$30.00 (Optional) \$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liability Company is:	
First Base, LLC		
(Must end with the words "Limit "LLC.")	ted Liability Company," the abb	reviation "L.L.C.," or the designation
ARTICLE II - Address	:	
The mailing address and Liability Company is:	street address of the pri	ncipal office of the Limited
Principal Office Addre	ss:	Mailing Address:
8143 Lowbank Drive		8143 Lowbank Drive
Naples, FL 34109		Naples, FL 34109
The name and the Florid Catho	a street address of the re erine Casale Name	egistered agent are:
8143	Lowbank Drive	
Flor	ida street address (P.O.	Box NOT acceptable)
Naple	s	FL 34109
	City, State	, and Zip
above stated limited lia hereby accept the ap capacity. I further agre the proper and comple	bility company at the pla opointment as registered ee to comply with the pro ete performance of my du	accept service of process for the ce designated in this certificate, I agent and agree to act in this evisions of all statutes relating to attes, and I am familiar with and attered agent as provided for in

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:
MGR	Casale, Inc. 8143 Lowbank Drive Naples, FL 34109
	(Use attachment if necessary)
	e date of filing: (OPTIONAL)
ffective date: 1) cannot be prior to rent is filed by the Florida Departme ective date listed in the attached C listed therein.)	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as certificate of Conversion, if an effective
ffective date: 1) cannot be prior to rent is filed by the Florida Departme ective date listed in the attached Clisted therein.) REQUIRED SIGNATURE:	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as certificate of Conversion, if an effective
ffective date: 1) cannot be prior to rent is filed by the Florida Departme ective date listed in the attached Clisted therein.) REQUIRED SIGNATURE: Catherine Signature of a member or an au (In accordance with section 608.4 of this document constitutes an af	(OPTIONAL) nor more than 90 days after the date this ent of State; AND 2) must be the same as Certificate of Conversion, if an effective

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)

Page 2 of 2