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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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(850) 245-6051.

#### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

## BASS HOME TAX SERVICES LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## WILLIE M BASS SR.

Name of Person

## BASS HOME TAX SERVICES LLC

Firm/Company

## 20717 NW 2ND AVE

Address

# MIAMI GARDENS, FLORIDA 33169

City/State and Zip Code

18101BA@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIE BASS

..786

2298463

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BASS HOME TAX SERVICES LLC	是 是
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20717 NW 2ND AVE MIAMI GARDENS FL 33169	20717 NW 2ND AVE MIAMI GARDENS FL 33169
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent, You must designate an individual or another
	ogistered agent are.
WILLIE M BASS Name	
20717 NW 2ND AVE	
	ress (P.O. Box <u>NOT</u> acceptable)
MIAMI GARDENS	FL 33169
City, Sta	ite, and Zip
liability company at the place designated in to registered agent and agree to act in this capaci all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered 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:

'MGR" = Manager	Name and Address:
"MGRM" = Managing Member	er
OWNER	WILLIE M BASS SR.
	18101 NW 32 AVE
	MIAMI GARDENS , FL 33056
·	A74.2.2.2.
<del></del>	
Use attachment if necessary)	
<b>EV:</b> Effective date, if other	than the date of filing: (OPTIO
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fective date is listed, the date of for 90 days after the date of for SEQUIRED SIGNATURE:  Signature of a contained with se	AAD.

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)

Typed or printed name of signee