L14000157754

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	11
Certified Copies	_ Certificatës	s of Status
Special Instructions to	Filing Officer:	
		į.





600263334216

10/03/14--01019--020 **139.00

14 OCT -3 AM 7: 49
SECRETARY OF STABE
TALL MHASSEE FLORID!

LARRY M. STEWART, P.A., Attorney at Law

73 S.W. Flagler Avenue, Stuart, FL 34994
Post Office Box 809, Stuart, FL 34995
Office (772) 283-8191
Facsimile (772) 283-4396
lms2ep@bellsouth.net

September 29, 2014

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: BAS Advisors, LLC.

Dear Sirs:

Enclosed please find Articles of Organization for BAS Advisors, LLC. Also enclosed please find our check in the amount of \$130.00 for your filing fee.

Please return the Certificate of Status to our office at the address above.

Thank you for your assistance in this matter.

Sincerely,

LMS/sfn

Enclosures

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: BAS Advisors, LLC Name of L	imited Liability Company	
		, , ,	
The en	aclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
	Bruce A. Snyder		
		Name of Person	
	BAS Advisors, LLC		
		Firm/Company	
	1421 S.E. Eagle Nest Way		
		Address	
	Palm City, FL 34990		
		City/State and Zip Code	
<u>br</u>	rusnidr@yahoo.com E-mail address: (to be us	ed for future annual report notifica	ation)
For fu	rther information concerning this matter, pl	ease call:	
<u>Bruce</u>		772) 341-4860	
	Name of Person	Area Code Daytime Te	lephone Number
Enclos	sed is a check for the following amount:		
□ \$125.0	Ou Filing Fee	□\$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	Street/Courier Add	<u>ress</u>
	Registration Section Division of Corporations	Registration Section Division of Corporat	tions
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
BAS Advisors, LLC (Must end with the words "Limited Lie	ability Company,	"L.L.C.," or "LLC."	<u>)</u>		
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited	Liability Company is	:		
Principal Office Address:	Mailing Addres	is:			
	1421 S.E. Eagl Palm City, FL 3	le Nest Way 34990			
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)	gistered Agent. Y		n individua	al or	
The name and the Florida street address of the registered ag	ent are:				
Bruce A. Snyder					
Ivaine					
1421 S.E. Eagle Nest Way	O.T				
Florida street address (P.O. Box No.	DI acceptable)				
Palm City	FL 3499				
City	Zip				
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter	e appointment as ill statutes relatin	registered agent and g to the proper and co	agree to a omplete pe	ict in thi erforma	is nce
Registered Agent's Signature	(REQUIRED)				
(CONTINUED			ECREJAR LAHASS	4 OCT -3	** ** * 1 2"4°#

Page 1 of 2

TARA COEF TISANE

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMB2	Bruce A. Snyder 1421 S.E. Eagle Nest Way Palm City, FL 34990
ective date is listed, the date mus	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than fective date is listed, the date must of filing.) E VI: Other provisions, if any.	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than fective date is listed, the date must of filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmation I am aware that any false)	be specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than rective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree.	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than rective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmatic I am aware that any false constitutes a third degree.	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document nunder the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) CUCE A - SUYDER Typed or printed name of signee
EV: Effective date, if other than fective date is listed, the date must of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with sec constitutes an affirmation of the second	f a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.) CUCE A - SUYDER Typed or printed name of signee Filing Fees: of Organization and Designation of Registered Agent analy