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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BASTA REALTY SOLUTIONS, LL	_C	
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
NABIL S. BASTA		
	Name of Person	
BASTA REALTY SOLUTIONS, LLC	C Firm/Company	
	гипи Сопарану	
36625 U.S. HWY 19 N		-
	Address	
PALM HARBOR, FL 34684	N: (0.44 1 7:- C- 1-	
	City/State and Zip Code	
nabil.basta@gmail.com E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, plea	ase call:	
Nabil Basta at (7	727 433-1515	
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	Certified Copy (additional copy is enclosed) \$\int \frac{1}{3} \frac{160.00}{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:	
BASTA REALTY SOLUTIONS, LLC (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
36625.U.S. HWY 19 N PALM HARBOR, FL 34684	36625 U.S. HWY 19 N PALM HARBOR, FL 34684
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registered active.	n Registered Agent. You must designate an individual or on.)
NABIL BASTA	1.1
Name	
36625 U.S. HWY 19 N	
Florida street address (P.O. Bo	x NOT acceptable)
PALM HARBOR,	FL 34684
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	ervice of process for the above stated limited liability company at pt the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S
Nabil Basi	ta
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	UED)

Page 1 of 2

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<u>Title</u> "AM	i BR" = Authorized l	vlember	Name and Address:		
	R" = Manager	VICINOCI			
	BR		NABIL S. BASTA		
			36625 U.S. HWY 19 N		
			PALM HARBOR, FL 34684		
AME	BR		SHERIF S, TAWFK		
			38625 U.S. HWY 19 N	<u>~~~</u>	7
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CLE V: ffective e of filin	Effective date, if of date is listed, the ong.) Other provisions, if UIRED SIGNATE (In accordance constitutes an all am aware tha	reacture of a member of with section 605.0203	nd cannot be more than five business days p	er. document are true.	
LE V: ffective e of filin	Effective date, if of date is listed, the ong.) Other provisions, if UIRED SIGNATI Sig (In accordance constitutes an all am aware that constitutes a the constitutes at the constitut	TRE: Nature of a member of with section 605.0203 affirmation under the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a product of the pet any false information as a pet any fals	oil Basta r an authorized representative of a member (1) (b), Florida Statutes, the execution of this malties of perjury that the facts stated herein a submitted in a document to the Department of	er. document are true.	

Page 2 of 2

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)