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' **	
(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	Registration S Division of Co				
SUBJEC		Basin Name of Lin	Stree mited Liabil	t Violet Fl ity Company	ame, LLC.
The enclo	osed Articles o	f Organization and fee(s) ar	re submitted	for filing.	
Please ret	turn all corresp	ondence concerning this m	atter to the	following:	
	Karen L. Lı	itgen Beatty			
			Name of	Person	
			Firm/Co	mpany	
	3113 Basin	St.			
			Addı	ess	
	Naples, FL	34112			
		(City/State ar	d Zip Code	
	KLBeatty48(-			
		E-mail address: (to be used	i for future	annual report notificat	ion)
For further	information co	oncerning this matter, pleas	se call:		
	Karen L. Be	atty 2	39	269-7788	
	Nar	ne of Person A	rea Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
\$125.00	Filing Fec	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & led Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address		Street Address	
		tration Section		Registration Section	
	Divis	ion of Corporations		Division of Corporati	ions

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	shility Company is:			
The name of the Entitled En	iomity Company is.			
Basin Street Viol	let Flame, LLC.			
	end with the words "Limited	d Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	eet address of the principal of	office of the Limit	ed Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Addre	<u>:ss</u> :
3113 Basin St.		31	13 Basin St.	
Naples, FL 3411	2	Na Na	ples, FL 34112	
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida str	pany cannot serve as its own an active Florida registration	n Registered Agen on.) d agent are:		vidual or
	3113 Basin St.			
	Florida street addres	ss (P.O. Box NOT	acceptable)	
	Naples	FL	34112	Fu o
	City	State	Zip	
Having been named as register place designated in this certific further agree to comply with th tim familiar with and accept th	cate, I hereby accept the app ne provisions of all statutes r	elating to the prop as registered agen as Agen's Sign	ered agent and agree to act in er and complete performance at as provided for in Chapter (Least Least	this capacity. I
		(CONTINUED	ין	

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
	Karen L. Lutgen Beatty MGR	
		_
		
		_
EV: Effective date, if other than the date ective date is listed, the date must be sport filling.) the date inscrted in this block does not	e of filing: 6/22/2015 . (OPTIONAL) pecific and cannot be more than five business days prior to of the applicable statutory filing requirements, this date will of State's records.	
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