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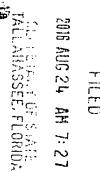
(Re	equestor's Name)	<u>.</u>	
(Address)			
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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
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COVER LETTER

	Registration Section Division of Corporations			
SUBJECT	Basis Partners Strategic Aeros	pace Advisory, LI	.c	
SUBJECT		e of Limited Liabil	lity Company	
The enclo	sed Articles of Organization and fo	ee(s) are submitted	l for filing.	
Please rett	urn all correspondence concerning	this matter to the	following:	
	James Merrill			
		Name of	Person	
		Firm/Co	Ampany	
	832 Luarca Ln	rittivec	лпрапу	
		Addı	ress	
	Oviedo, FL 32765			
	cdward@bpsaa.us	City/State ar	nd Zip Code	
	E-mail address: (to	oe used for future	annual report notifica	tion)
For further	information concerning this matter	r, please call:		
	Edward Merrill	541 at (382-7000	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclosed	is a check for the following amoun	ıt:		
\$125.00 F	Filing Fee \$130.00 Filing Fe Certificate of Sta	atus LLCertif	00 Filing Fcc & ied Copy (all copy is enclosed)	\$160.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

. ARTICLE 1 - Name:			FIL	ΕŨ
The name of the Limited Liability	Company is:		2016 AUG 24	AM 7: 27
Basis Partners Strategie (Must end wi	Acrospace Advisory, LLC th the words "Limited Liabil	ty Company, "L.L.C.," or "LI	· San San Commercial	CF STATE E. FLORIDA
ARTICLE II - Address: The mailing address and street add	ress of the principal office of	the Limited Liability Compar	ny is:	
Principal	Office Address:	<u>Mailin</u>	ng Address:	
83 Geneva Drive 623245 Oviedo, FL 32762		PO Box 623245 Oviedo, FL 32762		<u> </u>
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act The name and the Florida street ad	nnnot serve as its own Regist ive Florida registration.) dress of the registered agent	ered Agent. You must designa	te an individual or	
	James Merrill Name	:		
	832 Luarca Ln Florida street address (P.O. Oviedo, FL 32762	Box NOT acceptable)		
•		tate Zip		
Having been named as registered ag place designated in this certificate, I further agree to comply with the prov am familiar with and accept the oblig	hereby accept the appointment isions of all statutes relating that it is a statute of my position as registered A	at as registered agent and agree to the proper and complete per stered agent as provided for in UL tent's Signature (REQUIRED)	e to act in this capac formance of my duti Chapter 605, F.S.	city. I
	(CO	NTINUED)		

Page 1 of 2

Title:	Name and Address: 2016 AUG 24 AM 7: 2
"AMBR" = Authorized Member	No encores our
"MGR" = Manager	SE SE LANT UN STAT TALLAHASSEE, FLORII
Manager	Edward Merrill (MELLATIA SCE, FEURI) 243 SW Scalehouse Lp., Sinc 1B
	Bend, OR 97702
Authorized Member	James Merrill 832 Luarca Ln
	Oviedo, FL 32765
	Officed, 1 D 32103
	
ective date is listed, the date must be sport filing.) If the date inserted in this block does not n	of filing: August 22, 2016 . (OPTIONAL) ecific and cannot be more than five business days prior to or 90 concert the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date rective date is listed, the date must be spoof filing.)	ecific and cannot be more than five business days prior to or 90 concet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not ment's effective date on the Department.	ecific and cannot be more than five business days prior to or 90 concet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 concet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not no ment's effective date on the Department of EVI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 eneet the applicable statutory filing requirements, this date will not of State's records.
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EV: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not not ment's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a ment of the department of the document is executed a manage of the department of the document is executed a manage of the degree of the department of the degree of the date inserted in this document is executed a manage of the degree of the date inserted in this document is executed a manage of the date inserted in this document is executed a manage of the date inserted in this block does not	ecific and cannot be more than five business days prior to or 90 concet the applicable statutory filing requirements, this date will not not state's records. Indeed in authorized representative of a member. The indeed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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08/24/16--01013--019 **160.00



FILED

1/4

COVER LETTER

	egistration Section Division of Corporations		
SUBJECT	M FRANKEL & ASSO LLC		
SOBJECT		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	irn all correspondence concerning this	matter to the f	ollowing:
	MARTIN RICHARD FRANKEL		
		Name of	Person
	M FRANKEL & ASSO LLC		
		Firm/Co	mpany
	1000 N US HIGHWAY 1 UNIT AS	301	
	-	Addr	ess
	JUPITER, FL 33477-4463		
	MFRANKEL14@YAHOO.COM	City/State and	d Zip Code
	E-mail address: (to be u	sed for future a	nnual report notification)
For further i	nformation concerning this matter, ple	ease call:	
	MARTIN R FRANKEL	203	912-6611
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	└── Certific	0 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			ř i	LED
The name of the Limited Lia	bility Company is:		2016 AUG 21	+ AM 7: 1
M FRANKEL &			St. Ling and Children (1975) C	<u>i Ür stall</u>
(Must e	end with the words "Limited	Liability Company,	"L.L.C.," or "LLQ	tt. FLORIC
ARTICLE II - Address:				
The mailing address and stre	et address of the principal o	ffice of the Limited I	Liability Company is:	
<u>Prir</u>	ncipal Office Address:		Mailing Address:	
1000 N US HIGH	HWAY IUNIT A301	1000	N US HIGHWAY 1 UNIT A301	
JUPITER, FL 33 ARTICLE III - Registered	Agent, Registered Office, oany cannot serve as its own	JUPI & Registered Agent Registered Agent, Y	ΓER, FL 33477-4463	
ARTICLE III - Registered (The Limited Liability Comp	Agent, Registered Office, cany cannot serve as its own an active Florida registratio	\$ Registered Agent Registered Agent. Y	FER. FL 33477-4463	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, cany cannot serve as its own an active Florida registratio	& Registered Agent Registered Agent. Y n.) agent are:	FER. FL 33477-4463	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, or any cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent Registered Agent. Y n.) agent are:	FER. FL 33477-4463	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, or any cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent Registered Agent. Y n.) agent are: FRANKEL Name	FER. FL 33477-4463	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, cany cannot serve as its own an active Florida registratio reet address of the registered MARTIN RICHARD	& Registered Agent Registered Agent. Y n.) agent are: FRANKEL Name	TER, FL 33477-4463 's Signature: ou must designate an individual or	
ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered MARTIN RICHARD	& Registered Agent Registered Agent. Y n.) agent are: FRANKEL Name	TER, FL 33477-4463 's Signature: ou must designate an individual or	

juriner agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- The name and address of each person authorized to	FILED to manage and control the Limited Liability Company: 2016 AUG 24 AM 7: 19
Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Name and Address: SEDA WAG 24 AFF 7: 19 SEDA WAG 24 AFF 7: 19 MARTIN RICHARD FRANKED 1000 N US HIGHWAY 1 UNIT A301 JUPITER, FL 33477-4463
ne date of filing.) Note: If the date inserted in this block does not meet the a he document's effective date on the Department of State's ARTICLE VI: Other provisions, if any.	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed a
REQUIRED SIGNATURE:	Pal
This document is executed in acc I am aware that any false informa constitutes a third degree felony a	can authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State as provided for in s.817.155, F.S.

Typed or printed name of signee

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)