

L16000162390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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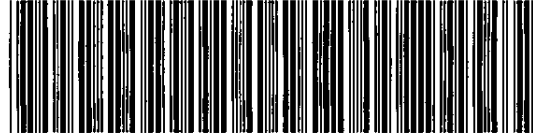
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/24/16--01013--014 \*\*125.00

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2016 AUG 24 AM 7:27  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Basis Partners Strategic Aerospace Advisory, 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:

James Merrill

Name of Person

Firm/Company

832 Luarca Ln

Address

Oviedo, FL 32765

City/State and Zip Code

edward@bpsaa.us

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

For further information concerning this matter, please call:

Edward Merrill      541      382-7000  
Name of Person      at (      )      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**

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:

The name of the Limited Liability Company is:

Basis Partners Strategic Aerospace Advisory, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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2016 AUG 24 AM 7:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

83 Geneva Drive

623245

Oviedo, FL 32762

Mailing Address:

PO Box 623245

Oviedo, FL 32762

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

James Merrill

Name

832 Luarca Ln

Florida street address (P.O. Box **NOT** acceptable)

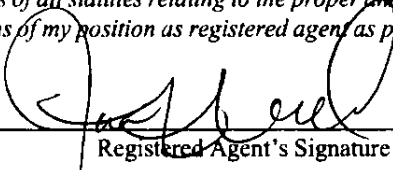
Oviedo, FL 32762

City

State

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

Edward Merrill

243 SW Scalehouse Ln., Suite 1B

Bend, OR 97702

**Authorized Member**

James Merrill

832 Luarca Ln

Oviedo, FL 32765

(Use attachment if necessary)

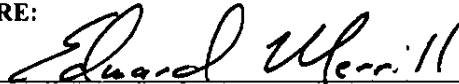
**ARTICLE V:** Effective date, if other than the date of filing: August 22, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edward Merrill

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)

L16000162380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

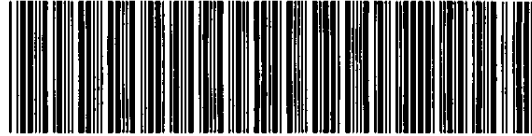
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 24 AM 7:19

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M FRANKEL & ASSO 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:

MARTIN RICHARD FRANKEL

\_\_\_\_\_  
Name of Person

M FRANKEL & ASSO LLC

\_\_\_\_\_  
Firm/Company

1000 N US HIGHWAY 1 UNIT A301

\_\_\_\_\_  
Address

JUPITER, FL 33477-4463

\_\_\_\_\_  
City/State and Zip Code

MFRANKEL14@YAHOO.COM

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

For further information concerning this matter, please call:

MARTIN R FRANKEL

203

912-6611

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

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:

The name of the Limited Liability Company is:

M FRANKEL & ASSO LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED

2016 AUG 24 AM 7:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1000 N US HIGHWAY 1 UNIT A301  
JUPITER, FL 33477-4463

Mailing Address:

1000 N US HIGHWAY 1 UNIT A301  
JUPITER, FL 33477-4463

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MARTIN RICHARD FRANKEL

Name

1000 N US HIGHWAY 1 UNIT A301

Florida street address (P.O. Box **NOT** acceptable)

JUPITER

City

FL

State

33477-4463

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

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2016 AUG 24 AM 7:19

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

MARTIN RICHARD FRANKEL

1000 N US HIGHWAY 1 UNIT A301

JUPITER, FL 33477-4463

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

THE LLC SHALL ENGAGE IN ANY LAWFUL ACTIVITY.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MARTIN RICHARD FRANKEL

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)