

L22 0000004642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

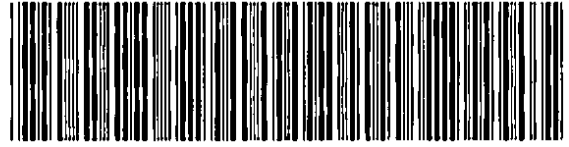
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 JAN -5 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN -5 PM 3:33

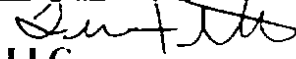
PROCESSED

1/11/22

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

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**PLEASE USE FUNDS FROM ACCT : 120210000160 AMOUNT : : \$160.00**

**Authorized Signature:**   
**B.A.A.S. VENTURES, LLC**

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**Business Name**

**Document Number**

☒ **Certified copy of original articles and any amendments**

☐ Pick up time \_\_\_\_\_

☒ **Certificate of Status**

☐ Will wait

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ **CONVERSION**

☐ **CORP**

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A.

☐ Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ **Correction**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL (

\_\_\_\_\_  
**Country**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ **Declaration**

☐ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** B.A.A.S. VENTURES, 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:

EGHOSASERE AIHIE

Name of Person

B.A.A.S. VENTURES, LLC

Firm/Company

1110 BRICKELL AVENUE, STE 400K-279

Address

MIAMI, FL 33131

City/State and Zip Code

ea@blackice.media

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

For further information concerning this matter, please call:

IGGY AIHIE

510

846-1610

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2022 JAN -5 PM 12: 11

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLB.A.A.S. VENTURES, LLC

(Must contain the words "Limited 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:Mailing Address:1110 BRICKELL AVENUE1110 BRICKELL AVENUESTE 400K-279STE 400K-279MIAMI, FL 33131MIAMI, FL 33131

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

EGHOSASERE AIHIE

Name

1110 BRICKELL AVE, STE 400K-279Florida street address (P.O. Box **NOT** acceptable)MIAMIFL33131

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..

Designated by:

Eghosa Aihie

1/8/2013 3:14:48 PM

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

MGR

**Name and Address:**

EGHOSASERE AIHIE  
 1110 BRICKELL AVE, STE 400K-279  
 MIAMI, FL 33131

2022 JAN -5 PM12:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2022 (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:**

DocuSigned by:

*Eghosa Aihie*  
 178738133A14489...

**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.

EGHOSASERE AIHIE

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)