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# COVER LETTER ·

	ew Filing Section vision of Corporations				
SUBJECT:	Bast Capital Investments LLC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(s) are submitted for filing.				
Please retur	m all correspondence concerning this matter to the following:				
	Sevrena Stewart				
	Name of Person				
Firm/Company 1317 Edgewater Dr. #4984					
	Orlando, FL 32804				
City/State and Zip Code retrograde88@protonmail.com					
-	E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning this matter, please call:				
	Sevrena Stewart at ( 949 ) 603-2322				
	Name of Person Area Code Daytime Telephone Number				
Enclosed is	a check for the following amount:				
\$125.00 Fi	ling Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. 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 1 - Name: The name of the Limited Liability (	Company is:				
	Bast Capital Inv	vestments	s LLC.		
(Must contain the words "Limited Liability Company, "L.L.C" or "LLC.")					
ARTICLE II - Address: The mailing address and street address	ress of the principal of	fice of the Lir	mited Liability Company is:		
Principal Office Address:			Mailing Address:		
1317 Edgewater Dr. #4984			1317 Edgewater Dr. #4984		
Orlando, FL 32804			Orlando, FL 32804		
Randy Milli Name 1317 Edgewat			)r		
Florida street address (P.O. Box NOT acceptable)					
Orlando, FL					
	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					
	Ras	rdy Me	illiken		
Registered Agent's Signature (REQUIRED)					
		(CONTINU	U <b>ED</b> )		

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### ARTICLE IV-

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

Title:	Name and Address:			
"AMBR" = Authorized Member "MGR" = Manager				
AMBR	Sevrena Stewart 1317 Edgewater Dr #4984			
	Orlando, FL 32804			
	· · · · · · · · · · · · · · · · · · ·			
	<del></del>			
(Use attachment if necessary)				
the date of filing.)	nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	and the second s			
This document is executed in a I am aware that any false inform	or an authorized representative of a member. eccordance with section 605.0203 (1) (b). Florida Statutes. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.			
S	Sevrena Stewart			
Type	d 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)