L22000450294

(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:

600396062846



DIVISION OF CONTRACTOR STATE

2022 001 17 P.4 3:08

Ĵ

Office Use Only

TO:	New Filing Section
	Division of Corporations

BASKN Enterprises, LLC

SUBJECT: _

. . . .

Name of Limited Liability Company

The enclosed Articles of Organization and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Niederst

Name of Person

NM Residential, LLC

Firm/Company

485 N. Keller Road, Suite 520

Address

Maitland, Florida 32751

City/State and Zip Code

mniederst@nmresidential.com

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

For further information concerning this matter, please call:

Peggy Beistel	216	310-4937
	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 &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 9.55 Bar

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

incserv[∞]

ORDER FORM

PRIORITY Regular Approval

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

850.656**.795**3

Melissa Moreau

mmoreau@incserv.com

FROM

OUR REF # (Order ID#) 1078006

ORDER ENTITY

BASKN ENTERPRISES, LLC

REQUEST DATE 10/17/2022

PLEASE PERFORM THE FOLLOWING SERVICES: BASKN ENTERPRISES, LLC (FL)

New LLC filing

NOTES: \$125.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BASKN Enterprises, 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:

City

Principal Office	e Address:		Mailing Address:		
485 N. Keller Road, Suite 52	20	485	N. Keller Road, Suite 520		
Maitland, Florida 32751		Mait	land, Florida 32751		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F The name and the Florida street address	serve as its own lorida registratio	Registered Agent. ' n.)		17 AH	Σ_{i}
God	old, Downing, E	Bill & Rentz, P.A.		بې	2
		Name		6 1	2
222	W. Comstock Av	venue. Suite 101			
Flor	ida street addres:	s (P.O. Box <u>NOT</u> at	cceptable)		
Wint	er Park	Florida	32789		

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.

State

Zip

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	Name and Address:	
MGR	Michael Niederst 485 N. Keller Road. Suite 520 Maitland. Florida 32751	
		410HS

(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,

REQUIRED SIGNATURE

Signature of a number 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.

Michael Niederst

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)