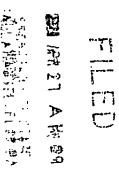
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☐ PICK-UP	WAIT MAIL
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#### COVER LETTER

	BAS HOLDINGS INVESTMENTS, LLC	C	
SUBJE		me of Limited Liability Company	
	Na	me of islanded Bladdity Company	
		y Company for Authorization to Transact Business in Florida," Cert e referenced foreign limited liability company to transact business in	
Please	return all correspondence concerning this matter	r to the following:	
	MICHAEL ROSENBLUM		
		Name of Person	
	SUB ROSA LAW PLLC		
	-	Firm/Company	
	64 NW 54TH STREET, STE. 105		
		Address	
	MIAMI, FL 33127		
		City/State and Zip Code	
	MR@SUBROSA.LAW		
	E-mail address: (to	be used for future annual report notification)	
For fur	ther information concerning this matter, please c	eall:	
	MICHAEL ROSENBLUM	305 563-9436 at ( )	
	Name of Contact Person	at ()	
	Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE  \$\Begin{array}{c} \Boxed{S125.00} \text{Filing Fee} \Boxed{G} \Boxed{S130.00} \text{Filing Fee}	EPARTMENT OF STATE	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2020

MICHAEL ROSENBLUM 64 NW 54 ST STE 105 MIAMI, FL 33127

SUBJECT: BAS HOLDINGS INVESTMENTS, LLC

Ref. Number: W20000035653

We have received your document for BAS HOLDINGS INVESTMENTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 620A00007449

RECEIVED

District of Comment of DO DOY COOR M U. 1

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in I	lorida, The a	Iternate name must include "Limited Liabili	ly Company," "L.L.C." or "L.L.	C.")
DELAWARE 2		3.			
(Jurisdiction under the law of w	which foreign limited liability company is organized)		(FEI number, i	(applicable)	
4	(Data first transacted business in Elegida Weiner)			_	
	(Date first transacted business in Florida, if prior is (See sections 605.0904 & 605.0905, F.S. to detern	nine penalty l	(ability)		
2121 NW 2nd AVENT 5.	UE	6.	3921 ALTON ROAD		
(Street Address of Principal Office)		<b>0.</b> _	(Mailing Address)	· <u> </u>	
STE 202			STE 439		
MIAMI, FL 33127		_	MIAMI BEACH, FL 33140		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT a	ccentable)	<u>:</u>	
	_ 5 5	· <u></u>	,		
Name:	BRIAN A. SIDMAN			A PAR	
				21 N	
Name:	BRIAN A. SIDMAN  2121 NW 2nd AVENUE, STE 202  MIAMI		33127	27 A	TEMO
Name:	BRIAN A. SIDMAN 2121 NW 2nd AVENUE, STE 202			SA N	TEMO
Name:  Office Address:  Registered agent's accep Having been named as re designated in this applica to comply with the provise	BRIAN A. SIDMAN  2121 NW 2nd AVENUE, STE 202  MIAMI  (City)  Stance:  registered agent and to accept service of tition, I hereby accept the appointment titions of all statutes relative to the prope	process f	33127, Florida (Zip code) for the above stated limited liak fred agent and agree to act in t	bility company at the phis capacity. I furthe	place ragree
Name:  Office Address:  Registered agent's accep Having been named as re designated in this applica to comply with the provise	BRIAN A. SIDMAN  2121 NW 2nd AVENUE, STE 202  MIAMI  (City)  Stance:  registered agent and to accept service of tition, I hereby accept the appointment of	process f	33127, Florida (Zip code) for the above stated limited liak fred agent and agree to act in t	bility company at the phis capacity. I furthe	place ragree

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: BRIAN A. SIDMAN MICHAEL ROSENBLUM □Manager ■ Manager 64 NW 54th STREET, 2121 NW 2nd AVENUE Address: ☐ Member ☐ Member STE. 202 STE. 105 ■ Authorized □ Authorized MIAMI, FL 33127 MIAMI, FL 33127 Person Person □Other \_\_ □Other\_\_\_\_\_ Other Other\_ □Manager □Manager Name: \_\_\_\_\_ ☐ Member □Member Address: Address: \_\_\_\_\_\_ □ Authorized ☐ Authorized Person Person Other □Other ☐Other\_\_\_\_\_ Other □Manager □ Manager Name: \_\_\_\_\_ Name: ☐ Mcmber Address: \_\_\_ \_\_\_ □Member Address: □ Authorized □ Authorized Person Person Other \_\_\_\_ □Other Other Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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. Signature of an authorized person MICHAEL ROSENBLUM

Typed or printed name of signee

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BAS HOLDINGS INVESMENTS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAS HOLDINGS INVESMENTS LLC" WAS FORMED ON THE ELEVENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 202765075

Date: 04-14-20