

# L16000080308

4/25/2016

Division of Corporations

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## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : THE GOMEZ FIRM, A PROFESSIONAL ASSOCIATION  
Account Number : I20130000054  
Phone : (407)603-5307  
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### FLORIDA LIMITED LIABILITY CO. Villa Oasis, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
VILLA OASIS, LLC**

Pursuant to the Florida Revised Limited Liability Company Act, Chap. 605, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I  
NAME**

The name of this limited liability company (the "Company") shall be: "Villa Oasis, LLC".

**ARTICLE II  
DURATION**

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in §605.0102 (45) of the Act) of this Company, the period of its duration shall be perpetual.

**ARTICLE III  
ADDRESS**

The mailing address and the street address of the principal office of this Company shall be:

**Mailing Address:**  
2807 Forrest Club Drive  
Plant City, Florida 33566

**Principal Office Address:**  
2807 Forrest Club Drive  
Plant City, Florida 33566

**ARTICLE IV  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT'S SIGNATURE**

The name of the Company's initial registered agent is: KATE FISHERS, CPA; and the Florida street address of the Company's initial registered agent is: Ferrell & Kelly, LLC, 1400 W. Fairbanks Avenue, Suite 201, Winter 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

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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, Florida Statutes.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



(Registered Agent's Signature)  
KATE FISHERS, CPA

**ARTICLE V  
MANAGEMENT OF THE COMPANY**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The name and address of the initial manager of the Company shall be:

CLAUDIA PATRICIA PEÑA-GALVIS  
2807 Forrest Club Drive  
Plant City, Florida 33566

IN WITNESS WHEREOF, the undersigned, as Authorized Representative of a Member of the Company, has executed these Articles of Organization on behalf of the Company, in accordance with §605.0203(1)(b) of the Act, effective as of this 22 day of April, 2016.



Claudia Patricia Peña-Galvis, Authorized  
Representative of a Member of the Company

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes.)

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