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| (Re | questor's Name) | | | |
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| (Ad | dress) | | | |
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| (Cit | y/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Do | cument Number) | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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W15-9052

COVER LETTER

| | Filing Sec | | | | |
|--------------------------------|--|---------------------------------|-----------------|--|--|
| SUBJECT: | Oasis | s Managem | ent Sy | stems, Inc. | |
| 50202011 | | Name o | f corporation | on - must include suffix | |
| Dear Sir or M | /ladam: | | | | • |
| "Certificate of | of Existenc | | of Good Sta | anding" and check are su | act Business in Florida," abmitted to register the |
| Please return | all corresp | ondence concernit | ng this matt | er to the following: | |
| Mike Ev | vancho |) | | | |
| | _ | _ | Name o | | |
| Oasis N | <u>/lanage</u> | ement Syst | ems, Ir | nc. | |
| | | | Firm/Co | • | |
| 5320 La | ake Po | inte Center | <u>r Dr., S</u> | te. A | |
| Cummi | ng, GA | 30041 | Add | ress | |
| | | | City/State | and Zip code | |
| oasis@d | pasisco | mmissary.co | | | |
| | | E-mail address: | (to be used | for future annual report | notification) |
| For further in | nformation | concerning this ma | atter, please | call: | |
| Karyn II | bert | ; | 770 at (| , 889-9191 | |
| Nam | ne of Perso | | , | Code & Daytime Telep | hone Number |
| | | | | | |
| New Divis Clifto 2661 | Filing Sec sion of Cor on Building | porations g Center Circle | : | MAILING A New Filing S Division of C P.O. Box 633 Tallahassee, | Section Corporations 27 |
| Enclosed is a | check for | the following amo | unt: | | |
| ■ \$70.00 Fi | ling Fee | S78.75 Filing Certificate of | | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certificate of Status & |



February 9, 2015

MIKE EVANCHO 5320 LAKE POINTE CENTER DR STE A CUMMING, GA 30041

SUBJECT: OASIS MANAGEMENT SYSTEMS, INC.

Ref. Number: W15000009052

We have received your document for OASIS MANAGEMENT SYSTEMS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 615A00002578

15 FEB 17 AM 9:57

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (If name unavaila | • | adopted for the purpose of transacting business 58-2092411 | in Florida) | |
|---------------------------|---|---|------------------------------------|---------------------|
| (State or country 4. 1993 | y under the law of which it is incorporated) 5. | (FEI mumber, if applicable) 5. perpetual | | |
| 6 | of incorporation) | (Duration: Year corp. will cease to exist or " | perpetual) | |
| _{7.} 5320 Lake | | | | |
| | Pointe Ctr. Dr., Ste. A, Cur (Current mailing add | tress) | 15 FEB 1 | errigina general |
| 8. Name and stree Name: | t address of Florida registered agent: (P. Marty Tiner | O. Box NOT acceptable) | 7 PH 1 | |
| Office Address: | 16750 Link Ct., Unit 201 Fort Myers (City) | , Florida 33912 (Zip code) | PM 8: 07 DF STATE CE FLORIDA | |
| 9. Registered age | ed as registered agent and to accept serv | rice of process for the above stated corport ment as registered agent and agree to act | | |

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Address: Director: _ **B. OFFICERS** President: Mike Evancho Address: 5320 Lake Pointe Center Dr., Ste. A, Cumming, GA 30041 Vice President: Gary Smith Address: 5320 Lake Pointe Center Dr., Ste. A, Cumming, GA 30041 Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. Mike Evancho, President

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: January 11, 1994 JURISDICTION

: Georgia

PRINT DATE

: January 29, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OASIS MANAGEMENT SYSTEMS, INC. A Domestic For-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: imCAlm4g