

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OASIS LANGUAGE WORK AND TRAVEL INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

YELDA BERKMEN KOSKER

Name of Person

OASIS LANGUAGE WORK AND TRAVEL INC

Firm/Company

258 SE 6TH AVE SUITE 14

Address

DELRAY BEACH, FL, 33483

City/State and Zip code

goldenyelda@hotmail.com

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

For further information concerning this matter, please call:

Yelda Berkmen Kosker

Name of Person

at (561) 573-5636

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. OASIS LANGUAGE WORK AND TRAVEL INC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

OASIS LANGUAGE SCHOOLS INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA

(State or country under the law of which it is incorporated)

3. 37-1547875

(FEI number, if applicable)

4. 08/01/2007

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. didn't do business yet in FL

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 258 SE 6th Ave Suite 14 Delray Beach, FL 33483

(Principal office address)

258 SE 6th Ave Suite 14 Delrav Beach, FL 33483

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Yelda Berkmen Kosker

Office Address: 258 SE 6th Ave Suite 14

Delray Beach

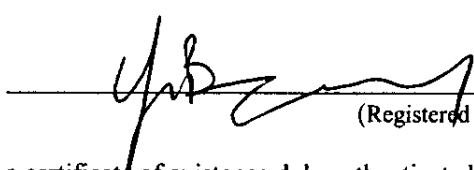
(City)

, Florida 33483

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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.

2017 MAY -3 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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2017 MAY -3 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14 Delray Beach, FL 33483

Vice Chairman: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14, Delray Beach FL 33483

Director: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14, Delray Beach, FL 33483

Director: _____

Address: _____

B. OFFICERS

President: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14, Delray Beach FL 33483

Vice President: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14 Delray Beach FL 33483

Secretary: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14 Delray Beach FL 33483

Treasurer: Yelda Berkmen Kosker

Address: 258 SE 6th Ave suite 14 Delray Beach, FL 33483

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

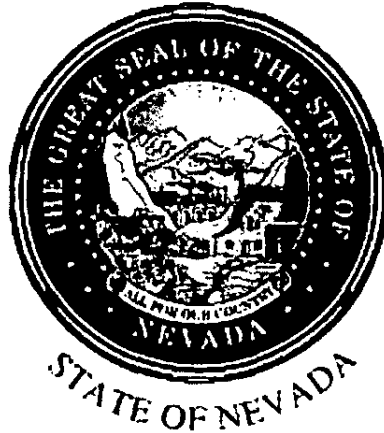
12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Yelda Berkmen Kosker

(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **OASIS LANGUAGE WORK AND TRAVEL INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 1, 2007, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 27, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170427-0235
You may verify this electronic certificate
online at <http://www.nvsos.gov/>