# 06000106233

# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000266083 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

# ORIDA/FOREIGN LIMITED LIABILITY CO.

oasis 1419, lle

$f_{\rm total}({\bf m}_{\rm total}($	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

l of 1

EMPIRE

11/1/2006 2:22 PM



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF



OASIS 1419, LLC

#### **ARTICLE I**

The name of the Limited Liability Company shall: OASIS 1419, LLC



#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41<sup>ST</sup> STREET, # 615, MIAMI, FL 33178-2924.

#### ARTICLE IV

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26<sup>TH</sup> STREET, SUITE C-201, DORAL, FL 33172.

HU UUU DA COO 14:21 BAN 18E

#### ARTICLE V

### The name of the Managing Member(s) shall be:

MANAGING MEMBER

BRUNO GIGLIOLI MORATTI

10556 NW 26TH ST. # D 101

DORAL, FL 33172

MANAGING MEMBER

GIORGIO GIGLIOLI CHESI

10556 NW 26TH ST. # D 101

DORAL, FL 33172

MANAGING MEMBER

CANDIDA MORATTI

10556 NW 26TH ST. # D 101

DORAL, FL 33172

HDU0000Xd0083

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

## OASIS 1419, LLC

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

JOSEPH F. CABANAS

CABANAS & ASSOCIATES, P.A.

Registered Agent

Signature of a Member or an Authorized Representative of a Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

HO10000000083