

L070000053079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 MAY 18 AM 8:10

W07-21637
J. BRYAN MAY 4 2007

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island City Oasis LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Murphy
(Name of Person)

(Firm/Company)

12119 Sheets Farm Rd.
(Address)

North Potomac MD 20878
(City/State and Zip Code)

For further information concerning this matter, please call:

John Murphy at (240) 506-9301
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2007

JOHN MURPHY
12119 SHEETS FARM RD.
NORTH POTOMAC, MD 20878

SUBJECT: ISLAND CITY OASIS LLC
Ref. Number: W07000021637

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DIVISION OF CORPORATIONS
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We have received your document for ISLAND CITY OASIS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 807A00031481

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Island City Oasis LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "LC.")**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**12119 Sheets Farm Rd 12119 Sheets Farm Rd.
North Potomac, MD North Potomac Md
20828 20878**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual as another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

William Harding
Name4443 Hunting Trail
Florida street address (P.O. Box NOT acceptable)Lake Worth FL 33467
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place 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 609, F.S.

William Harding
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John Murphy
12119 Sheets Farm Rd
North Potomac MD 20878

MGRM

Jean Murphy
12119 Sheets Farm Rd
North Potomac Md 20878

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

John Murphy
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.)

John Murphy
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY 18 AM 8:10