# 07000053079

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SECRETARY OF STATE DIVISION OF CORPORATIONS

NO7-21637

# **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:
The enclosed Articles of Organization and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Tohn Much Mame of Person)  (Firm/Company)
(Firm/Company)
12119 Sheets Farm Rd.
North Potomac MD 20878 (City/State and Zip Code)
For further information concerning this matter, please call:
Tohn Murphy at (240) 506-9301 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$\text{Certified Copy} \\ \text{(additional copy is enclosed)} \]  \$\text{Certified Copy} \\ \text{(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



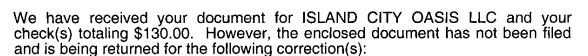
## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2007

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

SUBJECT: ISLAND CITY OASIS LLC

Ref. Number: W07000021637



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

		i	_
ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED L	ABILITY COMPANY	OT P
ARTICLE I - Name: The name of the Limited Liability Company is	:		OT MAY 18
TS and CITY (Mass and with the words "Limited Liability Complay, "Line)	DOSIS LL tod Company or their abbrevian	n TLC," or "L C ,")	FF 8: 10
ARTICLE II - Address: The mailing address and street address of the p	nincipal office of the Lim	ated Liability Company is.	0
Principal Office Address:	Maline Address:	<u>{</u>	
Jalla Sheets Facm Ro North Patamar, MD 20828	Varth Pati	Form Rd. mac Md 20878	
ARTICLE III - Registered Agent, Registere (The Limited Lists tilly Company cannot serve an ist own Registered business entity with meaning Florida registration.)	d Office, & Registered A sland Agent. You west dong and	gend's Signature: as individud to enother	4
The name and the Florida street address of the	त्रसुरंशकाच्ये बहुला बारः		
William Ha	rdina		-

Having been named as registured agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accupt the appointment as registered agent and topice to act in this capacity. I further agree to comply with the provisions of all standards relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my punctum as registered agent as provided for in Chapter 608, F.S.

sectionary reference (weeklyster

Lake Worth n. City, State, and Zip

(CONTINUED)
Page 1 of 2

### **REQUIRED SIGNATURE:**

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.)

To h n Morphy
Typed or printed rame of rignee

### 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)