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SECRETARY OF STATE

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S. HAWKES

NOV 2 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Oasis Travel, LLC
00 001	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Daniel Leon
	Name of Person
	Oasis Travel, LLC
	Firm/Company
	8566 SW 8th ST
•	Address
	Miami / FL 33144
	City/State and Zip Code
_	rabdem@gmail.com E-mail address: (to be used for future annual report notification)
n .	
For fur	ther information concerning this matter, please call:
	Daniel Leon at (305) 7766752
•	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
_	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certificate of Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	ne:		
The name of the Lin	mited Liability Company	s: 25 36 7	
	Oppin Tre		
(Mu:	Oasis Tra	iability Company," "L.L.C." or "LLC.")	
ADTICLE H. A.	J	100 July 100	
The mailing address		e principal office of the Limited Liability Company is:	
		y	
Principal Office A	ddress:	Mailing Address:	
8566 SW 8th ST I	Miami / FL 33144	13507 SW 28th ST Miami, FL 33175	
(The Limited Liability Corbusiness entity with an ac		ered Office, & Registered Agent's Signature: degistered Agent. You must designate an individual or another the registered agent are:	
	Dan	iel Leon	
•		ame	
13507 SW 28th ST Florida street address (P.O. Box NOT acceptable Miami, FL, 33144 FL		SW 28th ST	
		EL	
	City, Sta	te, and Zip	
liability compan registered agent an statutes relating to	y at the place designated d agree to act in this cap o the proper and complete	to accept service of process for the above stated limited in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608. F.S.	

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Daniel Leon FS 3
	Daniel Leon 13507 SW 28th ST Miami, FL 33175 C Ruben Gonzalez 27910SW 34th CT Miami, FL 33133
MGRM	Ruben Gonzalez
	27910SW 34th CT Miami, FL 33133
MGRM	Erick Aleman
	13513 SW 28th ST Miami, FL 33175
MGRM	Boris Leon
	851 SW 155th CT Miami, FL 33194
(Use attachment if necessary)	
RTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
f an effective date is listed, the date mus or 90 days after the date of filing.)	t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Mairelf
Signature of a mer	nber or an authorized representative of a member.
(In accordance with of this document c that the facts stated	a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury herein are true.)
Danie	Typed or printed name of signee
Filing Fees:	Typed of printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)