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Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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DIVISION OF CORPORATION
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FLORIDA/FOREIGN LIMITED LIABILITY CO.
OASIS 54, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section - Division of Corporations

SUBJECT: Name of Limited Liability Company: OASIS 54, LLC

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

Please return all correspondence concerning this matter to the following:

NAME OF PERSON: NATASHA D. MAYNE, ESQ.

FIRM/COMPANY: THE MAYNE LAW GROUP P.A.

ADDRESS: 4301 SOUTH FLAMINGO ROAD, SUITE 106-121, DAYTONA BEACH, FL 32130

E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION):
Rollande Cuvilly - PRETTYWOOD26@YAHOO.COM

For further information concerning this matter, please call: NATASHA D. MAYNE, ESQ. @ 786.663.2911, NMAYNE@MAYNELAWGROUP.COM

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) _____

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

OASIS 54, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4301 South Flamingo Rd. Suite 106-176 Davie, FL 33330	4301 South Flamingo Rd. Suite 106-176 Davie, FL 33330

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 or another business entity with an active Florida registration.)

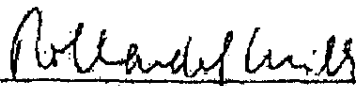
The name and the Florida street address of the registered agent are:

Name: **Rolande Cuvilly**

Florida street address (P.O. Box **NOT** acceptable): **4301 South Flamingo Rd., Suite 106-176**

City, State, and Zip: **Davie, FL 33330**

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 608, F.S.



1/7/10

Registered Agent's Signature (REQUIRED)

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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:
Manager	Rolande Curvilly 4301 South Flamingo Rd., Suite 106-176 Davie, FL 33330

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:

Rolande Curvilly 11/7/10
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.)

Rolande Curvilly
Typed or Printed Name of Signer

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