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Florida Department of State
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**
**OASIS 54, LLC**

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G. MCLEOD
JAN - 8 2010
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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, DAVIE, FL 33330**

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," "L.L.C.," 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.<br>Suite 106-176<br>Davie, FL 33330 | 4301 South Flamingo Rd.<br>Suite 106-176<br>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: **Rollande 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.*

Rollande Cuvilly 1/7/10

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV – Manager(s) or Managing Members(s):**
The name and address of each Manager or Managing Member is as follows:

| Title:<br>"MGR" = Manager<br>"MGRM" = Managing Member | Name and Address: |
|---|---|
| Manager | Rollande Curvilly<br>4301 South Flamingo Rd., Suite 106-176<br>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:**

Rollande 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.)

**Rollande Curvilly**
Typed or Printed Name of Signer



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