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(Requestor's Name)
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PICK-UP WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of	Corporations		
SUBJECT:	Na	tural Oasis, LLC	
	Name of Limit	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please return all corr	respondence concerning this mat	ter to the following:	
	Keit	h & Cindi Matter	
		Name of Person	
	Nat	ural Oasis, LLC	
		Firm/Company	
	2804	Lake Valley PL	
		Address	
	Wesley	Chapel, FL 33544	
	Cit	y/State and Zip Code	
	cmatter	1@tampabay.rr.com	
		for future annual report notification)	
For further informati	on concerning this matter, please	e call:	
K	Ceith Matter	at (813) 907-15	65
Na	me of Person	Area Code & Daytime Telephone N	umber
Enclosed is a check	c for the following amount:		
]\$125.00 Filing Fe	e \$\int_\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	00 Filing Fee, ficate of Status & fied Copy onal 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Natural Oasis (Must end with the words "Limited Liabilit				
	y company, E.E.C., of EEC.)			
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2804 Lake Valley PL	2804 Lake Valley PL			
Wesley Chapel, FL 33544	Wesley Chapel, FI 33544			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	red Agent. You must designate an individual or another			
Keith E M	atter			
Name				
2804 Lake Va	allev Pl			
Florida street address (P.O. E				
Wesley Chapel, 33544	FI.			
City, State, and	. 2			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered 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 Me	ember
MGR	Keith Matter
	2804 Lake Valley PL
	Wesley Chapel, 33544
MGRM	Cindi Matter
	2804 Lake Valley PL
	Wesley Chapel, FL 33544
4-1-1-1-1	
(Use attachment if necessa	ıry)
ARTICLE V: Effective date, if oth	ner than the date of filing: (OPTIONAL)
(If an effective date is listed, the d to or 90 days after the date of filin	ate must be specific and cannot be more than five business days prior
o or youngs after the date of film	(5.)
REQUIRED SIGNATUR	E: 7 / b/
	Lift of (1)
Signature	of a member or an authorized representative of a member.
(In accord	ance with section 608.408(3), Florida Statutes, the execution
of this do that the fa	cument constitutes an affirmation under the penalties of perjury acts stated herein are true.)
	Keith Mailler
Filing Fees:	Typed or 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)

10 FEB -8 PH 2: 20
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	any is:	
Matural	Oscio II C	
(Must end with the words "Limite	Oasis, LLC ed Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of	the principal office of the Limited	l Liability Company is:
Principal Office Address:	Mailing Address:	
2804 Lake Valley PL	2804 Lake Valley PL	
Wesley Chapel, FL 33544	Wesley Chapel, FI 335	544
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o		MANGUAL OF ABOUNCE
2804 L	_ake Valley PL	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Wesley Chapel, 3		
City, s	State, and Zip	
Having been named as registered agent a liability company at the place designat registered agent and agree to act in this constantes relating to the proper and compact accept the obligations of my position a Registered Agent's	red in this certificate, I hereby accept apacity. I further agree to comply we lete performance of my duties, and it as registered agent as provided for it	ot the appointment as with the provisions of all I am familiar with and

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Keith Matter
	2804 Lake Vallev PL
	Wesley Chapel, 33544
	Tresley Uniques, 1000-44
MGRM	Cindi Matter
,	2804 Lake Valley PL
	Wesley Chapel, FL 33544
(Use attachment if necessary)	
(Ose attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONA
	e specific and cannot be more than five business day
days after the date of filing.)	•
REQUIRED SIGNATURE:	Mall
Signature of a member	er or an authorized representative of a member.
(In accordance with second this document goes	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury

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)