110000126061

(Requestor's Name)
(Address)
(Address)
(C) - (C) - (Z) - (D) +0
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·

Office Use Only



900188240209

12/07/10--01007--024 **160.00

EFFECTIVE DATE 12-8-10



B. BOSTICK

DEC 8 · 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Indigo Oasis, LLC	
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
•	SE SEL
Solveig Amundsen	CR CR
- · · · · · · · · · · · · · · · · · · ·	Name of Person
Indigo Oasis, LLC	m = in the second secon
maigo Oasis, LLO	Firm/Company
	Firm/Company FLOREIT FIRM/Company
5976 20th Street, #84	REF 45
	Address
Maria Danah El 20000	
Vero Beach, FL 32966	ity/State and Zip Code
	indiapoasis alive. com
herbmy@comcast.net	for future annual report notification)
For further information concerning this matter, please	
Solveig Amundsen	at (772) 492-9354
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Sertified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	:		
Indigo Oasis, LLC			
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Co	ompan	y is:
Principal Office Address:	Mailing Address:		
3003 Aviation Blvd. Vero Beach, FL 32960	5976 20th Street # 84 Vero Beach, FL 32966		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		ther	
The name and the Florida street address of the	registered agent are:	DEC	77
Solveig Amundsen	SS SS MX	-7	
Name	ر بـ سهـ ا	PH	m
5976 20th Street	dress (P.O. Box NOT acceptable)	1 3: 45	J
Florida street ad	Idress (P.O. Box NOT acceptable)	t.	
Vero Beach	_{FL} 32966	-,	
City, S	tate, and Zip		

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.

Registered Agent Signature (REQUIRED)

(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	Solveig Amundsen		
	5976 20th Street, #84		
	Vero Beach, FL 32966		
Member	Herbert Myers		
	4310 8th Street	-send	
	Vero Beach, FL 32968	7 <u>8</u> 1	
		DEC CREI	
		٠	n
		Ct3	[7]
		70	
****		<u> </u>	
		9: 4.5	
		<u> </u>	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 18/10. (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:

Signature of a member of 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Solveig Amundsen

Typed or printed name of signee

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)