

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000071933  
FILED 8:00 AM  
March 30, 2017  
Sec. Of State  
kbrumbley

**Article I**

The name of the Limited Liability Company is:  
OASIS SPECIALIZED THERAPEUTIC CARE, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
15485 EAGLE NEST LANE  
120  
MIAMI LAKES, FL. US 33014

The mailing address of the Limited Liability Company is:  
15485 EAGLE NEST LANE  
120  
MIAMI LAKES, FL. US 33014

**Article III**

Other provisions, if any:

-THE COMPANY SHALL BE OPERATED AND MANAGED ACCORDING TO THE  
OPERATING AGREEMENT SIGNED BY ALL MEMBERS. THE POWER TO  
ADOPT, ALTER, AMEND OR REPEAL ANY AND ALL THE PROVISIONS OF  
THE OPERATING AGREEMENT SHALL BE VESTED IN THE MEMBERS.

**Article IV**

The name and Florida street address of the registered agent is:  
KENETH BATISTA  
2391 NW 184TH TERRACE  
PEMBROKE PINES, FL. 33029

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.

Registered Agent Signature: KENETH BATISTA

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
SAMUEL BATISTA  
15485 EAGLE NEST LANE, SUITE 120  
MIAMI LAKES, FL. 33014 US

Title: MGR  
KEILA AGUIAR BATISTA  
15485 EAGLE NEST LANE, SUITE 120  
MIAMI LAKES, FL. 33014 US

Title: MGR  
GLORIA CHOPERENA  
15485 EAGLE NEST LANE, SUITE 120  
MIAMI LAKES, FL. 33014 US

Title: MGR  
EZEQUIEL PEREZ  
15485 EAGLE NEST LANE, SUITE 120  
MIAMI LAKES, FL. 33014 FL

## **Article VI**

The effective date for this Limited Liability Company shall be:

03/29/2017

Signature of member or an authorized representative

Electronic Signature: SAMUEL BATISTA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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