

L17000144830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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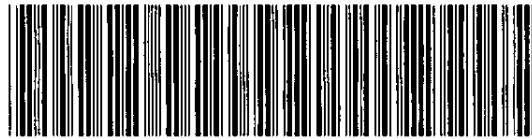
(Business Entity Name)

(Document Number)

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: July 5, 2017

Account#: I20000000088

Name: Marisa Kugelmann

Reference #: T010777

Entity Name: THE OASIS BY RAM LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Certificate of Status upon filing

Authorized Amount: \$130.00

Signature: [Signature]

© CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
800.721.0102
+1.212.947.7200

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COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
VELOCITY PROJECT
6 BEVIS MARKS, 11TH FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

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COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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115 N CALHOUN ST., STE. 4
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Oasis by RAM LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

George Befeler, Esq.
Name of Person
Homer Bonner Jacobs, P.A.
Firm/Company
1441 Brickell Avenue, Suite 1200
Address
Miami, Florida 33131
City/State and Zip Code
gbefeler@homerbonner.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

George Befeler, Esq. 305 350-5159
Name of Person at () 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 & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing 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:

The Oasis by RAM LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

4156 NW 21 Av.

Oakland Park, FL 33309

4156 NW 21 Av.

Oakland Park, FL 33309

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:

George Befeler, Esq.

Name

1441 Brickell Avenue, Suite 1200

Florida street address (P.O. Box **NOT** acceptable)

Miami

Florida

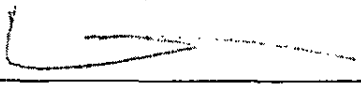
33131

City

State

Zip

If 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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 APR - 3 PM 12:35
OFFICE OF THE
CLERK OF THE
COURT
JUDGE
17 APR - 3 PM 12:35

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Andres Guzman

415b NW 21 Av.

Oakland Park, FL 33309

Axel Jordan

2750 N.W. 79th Avenue

Miami, FL 33122

(Use attachment if necessary)

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

George Befeler, Esq., Authorized Representative of Member

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)

17 JUN -6 PM 12:55
FILED
17 JUN -6 PM 12:55