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SECRETARY OF STATE
ALLAHASSEE, PLORING

JUL 28 2017

K. Brumbley

COVER LETTER

SUBJECT	Oasis Security Consultants, LLC
	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rm all correspondence concerning this matter to the following:
	Guillermo Prieto
	Name of Person
	P: (c)
	Firm/Company
	15886 SW 136th Way
	Address
	Miami, FL 33196
	City/State and Zip Code
	scubee2@aol.com
	E-mail address: (to be used for future annual report notification)
or further i	nformation concerning this matter, please call:
	Guillermo Prieto 305 978-7042
	at () Name of Person Area Code Daytime Telephone Number
	Name of reison Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$125.00 F	

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 Lia	ability Company is:			
Oasis Security C	onsultants, LLC			
(Must	contain the words "Lim	ited Liability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and stre	eet address of the princi	pal office of the Limi	ted Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address:	
15886 SW 136th	ı Way	1	5886 SW 136th Way	
Miami, FL 3319	6		1iami, FL 33196	
ADTICLE III D. Care			A) 6'	
ARTICLE III - Registered (The Limited Liability Com- another business entity with	pany cannot serve as its	own Registered Age	gent's Signature: nt. You must designate an individ	lual or
The name and the Florida st	reet address of the regis	tered agent are:		17 .
	Guillermo Prieto)		유전 📜 🐩
		Name		JUL 27 CRETARN
	15886 SW 136th	ı Wav		(C)
	Florida street ac	ldress (P.O. Box <u>NO</u>	T acceptable)	
	Miami	FL	33196	AKIO: 38
	City	State	Zip	े टी स्त ३७

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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Title: "AMBR" = Authorized		Name and Address:	
	"MGR" = Manager	Member		
	MGR — Manager		Guillermo Prieto	
			15886 SW 136th Way	
			Miami, FL 33196	
			·	
			· · · · · · · · · · · · · · · · · · ·	
				
	(Use attachment if neces	ssary)		
16	TLE V: Effective date, if o	ther than the date of filin	g:	
	effective date is listed, the	date must be specific a	nd cannot be more than five business days prior to or 90 days afte	
111	e of filing.)	•		
			applicable statutory filing requirements, this date will not be listed	
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iat <u>e:</u> do	If the date inserted in this cument's effective date on CLE VI: Other provisions. REQUIRED SIGNAT So This do	URE: gnature of a member of cument is executed in a		

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)

Guillermo Prieto