

L210000076214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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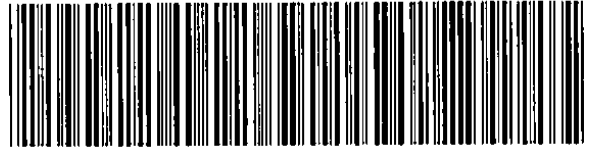
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 FEB 22 AM 8:40



FEB 22 PM 12:35

2021 FEB 22



**COGENCYGLOBAL**

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

Account#: 120000000088

Date: **February 22, 2021**

Name: **David Shulman**

Reference #: **1330552**

Entity Name: **OASIS LIFESTYLES VOULIAGMENI LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL  
David:  
850-270-0082**

Authorized Amount: **\$125.00**

Signature: /s/ David Shulman

• **CORPORATE HQ**  
COGENCYGLOBAL INC  
115 N CALHOUN ST STE 4  
TALLAHASSEE, FL 32301  
866.625.0838  
+1 212.947.7200

• **EUROPEAN HQ**  
COGENCYGLOBAL (UK) LIMITED  
100 STRAND LONDON WC2R 0PH  
UNITED KINGDOM  
6 BEVIS MARK LONDON EC3A 7BA  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

• **ASIA PACIFIC HQ**  
COGENCYGLOBAL (HK) LIMITED  
2/F INFINITY WATERFRONT  
INFINITUS PLAZA, 13/F  
193 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

OASIS LIFESTYLES VOULIAGMENT LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

66 West Flagler Street, Suite 900  
Miami, Florida 33130

7232 West Sand Lake Road  
Orlando, Florida 32819

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:

Cogency Global Inc.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

Florida

32301

City

State

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Alain J.A. Grangé  
7232 West Sand Lake Road  
Orlando, Florida 32819

MGR

Ioanna Tsatsou  
Anagnostopoulou 10  
10675 Athens GREECE

MGR

Vasileios Zaimis  
Anagnostopoulou 10  
10675 Athens GREECE

(Use attachment if necessary)

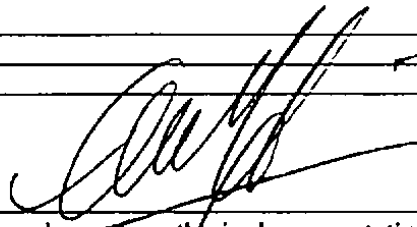
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.

Alain J.A. Grangé

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)

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TALLAHASSEE, FL

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