

# L21000300572

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : AJ ACCOUNTING SERVICES, INC.  
Account Number : I20110000092  
Phone : (305)448-9584  
Fax Number : (305)448-9569

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

labbourandassociates@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
OASIS BEAUTY III LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FL

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June 29, 2021

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AJ ACCOUNTING SERVICES, INC.

SUBJECT: OASIS BEAUTY III LLC  
REF: W21000093649

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Carlos E Rico  
Regulatory Specialist III  
New Filing Section

FAX Aud. #: E21000252440  
Letter Number: 621A00014782

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** OASIS BEAUTY III 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:

EIHAB AURORI

Name of Person

OASIS BEAUTY III LLC.

Firm/Company

1801 WEST FAIRFIELD DR.

Address

PENSACOLA, FL 32501

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EIHAB AURORI      305      448-99584  
Name of Person      at (      )      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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OASIS BEAUTY III LLC.

(Must contain 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:

1801 WEST FAIRFIELD DR  
PENSACOLA, FL 32501

Mailing Address:

1801 WEST FAIRFIELD DR  
PENSACOLA, FL 32501

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

ELHAB AURORI

Name

1801 West Fairfield DR

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

<u>PENSACOLA</u>	<u>FL</u>	<u>32501</u>
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..

Elhab Aurori

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

AMBR

EHAB AURORI  
1801 WEST FAIRFIELD DR  
PENSACOLA, FL 32501

AMBR

ALI SEHWEL  
1801 WEST FAIRFIELD DR  
PENSACOLA, FL 32501

(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:**

Ehab Aurori

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.

EHAB AURORI

Typed or printed name of signer

**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)