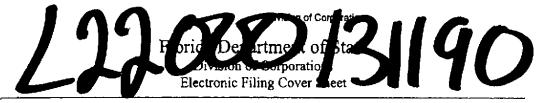
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Division of Corporations

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: (850)617-6381

From:

Account Name : ALAN J. MARCUS, ATTORNEY AT LAW

Account Number : 120196000899 Phone : (305)937-1800 Fax Number : (305)937-1857

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Enail Address: offy77@gmail.com

FLORIDA LIMITED LIABILITY CO. OASIS WELLNESS SPA, LLC

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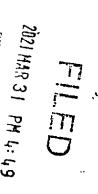
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COVER LETTER

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SUBJECT	OASIS WE	ELLNESS SPA, LLC				
SUBJECT	•	Name	of Limited	Liability C	Company	·
The enclos	sed Articles of	Organization and fee	(s) are sub	omitted for	filing.	
Picase retu	ım all correspo	ondence concerning th	his matter	to the follo	wing:	
	Alan J. Merc	rus				
			И	ame of Pen	ion	
	Alan J. Marc	cus, Altomey at Law				
			F	irm/Comps	ny	
	20803 Bisca	yne Boulevard, Suito	301			
				Address		
	Aventum, F	L 33180		•		
			City/S	State and Zi	p Code	
	offy77@gma					
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For further i	information co	ncerning this matter,	please cal	1:		
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New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassev, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

he name of the Limited Liabil	- • •		
OASIS WELLNES	S SPA, LLC		
(Must con	tain the words "Limited I	inbility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street	address of the principal of	Mee of the Limited	Liability Company is:
Princt	eni Office Address:		Malling Address:
			·
10850 NE 84 Aven	ue	108	50 NE 84 Avenue
(The Limited Liability Compar	gent, Registered Office, or cannot serve as its own	Oke Registered Age Registered Agent.	echobee, FL 34972
Okoechobee, FL 34	gent, Registered Office, on the service as its own active Florida registration address of the registered	©ke & Registered Age Registered Agent. n.)	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, or cannot serve as its own active Florida registration	& Registered Age Registered Agent. n.) agent are:	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, on the service as its own active Florida registration address of the registered	©ke & Registered Age Registered Agent. n.)	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered OFFY SHIFMAN 10850 NE 84 Avenue	& Registered Age Registered Agent. n.) agent are: Name	nt's Signature: You must designate an individual o
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered OFFY SHIFMAN	& Registered Age Registered Agent. n.) agent are: Name	nt's Signature: You must designate an individual o
ARTICLE III - Registered A (The Limited Liability Compar another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered OFFY SHIFMAN 10850 NE 84 Avenue	& Registered Age Registered Agent. n.) agent are: Name	nt's Signature: You must designate an individual o

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 & Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	SUIFMAN, OFFY 10850 NJ; 84 Ayenuc Okeechobee, PL 34972
MGR	SHIFMAN, YEHUDA 10850 NE 84 Ayerus Okceeljobec, FL 34972
MGR	SHIFMAN, HILIT 10850 NE 84 Avenue Okeechobee, FL 34972
(Use attachment if necessary)	
ICLE V: Effective date, if other than	the date of filing:
TCLE V: Effective date, if other than p effective date is listed, the date mu late of filing.)	ist be specific and exampt be more than five business days prior to or 90 days ses not meet the applicable statutory filing requirements, this date will not be li
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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)

OFFYSHIFMAN

