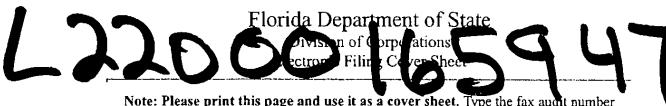
From: Yanet Avila

4/20/22, 10:03 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000142766 3)))



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## FLORIDA LIMITED LIABILITY CO. THE GRAND OASIS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE 1 - Name:

The name of the Limited Liability Company is:

THE GRAND OASIS 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:	Mailing Address:
3501 SW 132 AVE	3501 SW 132 AVE
MIRAMAR, FL 33027	MIRAMAR, FL 33027
	<del></del>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ENLIDE LA OSA

(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:

ENT DE LA OSA		
	Name	
3501 SW 132 AVE		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIRAMAR	FL	33027
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 ployided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2021 APR 20 MM 2: 14

Page: 4 of 4

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" - Manager AMBR AMBR DAISY MARTINEZ (Use attachment if necessary) \_ (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: \_\_ (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 filling 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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ENI DE LA OSA

