# 17720172062

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only





# FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/14/22

NAME: OASIS SR LLC

**TYPE OF FILING:** ARTICLES

COST: 125.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

#### OASIS SR 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:	
226 Benjamin St	226 Benjamin <u>St</u>	
Toms River, NJ 08755	Toms River, NJ 08755	

### 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:

<b>Riverside Filings LLC</b>				
	Name			
155 OFFICE PLAZA	DR. 1ST FL.			
Florida street address (P.O. Box NOT acceptable)				
TALLAHASSEE	FL	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.

# /S/ELLIOTT TEITELBAUM

Registered Agent's Signature (REQUIRED)

## (CONTINUED)

2022 JUN 14 PH 9: 29

#### ARTICLE IV-

.

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Yechezkel Sauer 226 Benjamin St Toms River, NJ 08755
AMBR	David Rubinstein 3 cathedral drive Lakewood ni 08701

(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.)

<u>Note:</u> 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.

### REOUIRED SIGNATURE:

# /S/ELLIOTT TEITELBAUM

Signature of a member or an authorized representative of a member This document is executed in accordance with section 605.0203 (1) (b). Flori		
I am aware that any false information submitted in a document to the Departn constitutes a third degree felony as provided for in s.817.155, F.S.	ient of State	
ELLIOTT TEITELBAUM		ניקירי
Typed or printed name of signee		<u>ا ا</u> محمد ا
Filing Fees:		)
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent		m
S 30.00 Certified Copy (Optional)		· · · ·
\$ 5.00 Certificate of Status (Optional)	<u>.</u>	
	$\sim \sim$	
	9	