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# 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 MANAGER LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
OASIS MANAGER 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 principal	ne Limited Liability Company is:			
Principal Office Address:	Mailing Address:			

 226 Benjamin St
 226 Benjamin St

 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:

ARTICLE I - Name:

Riverside Filings LLC	•	
	Name	
155 OFFICE PLAZA	DR. IST FL.	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
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)

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### ARTICLE IV-

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

<u>Title:</u> "AMBR" = "MGR" = N	Authorized Member	Name and Address:
AMBR		Yechezkel Sauer 226 Benjamin St Toms River, NJ 08755
<u>AMBR</u>		David Rubinstein 3 cathedral drive Lakewood ni 08701
(Use attachi	ment if necessary)	
(If an effective date i the date of filing.) Note: If the date ins	is listed, the date must be speci erted in this block does not me tive date on the Department of	filing: (OPTIONAL)  ific and cannot be more than five business days prior to or 90 days after  et the applicable statutory filing requirements, this date will not be listed as State's records.
DEOLRDE	<u>D</u> SIGNATURE:	
RECOURCE		LIOTT TEITELBAUM
	This document is executed	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

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

## **ELLIOTT TEITELBAUM**

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)