

L22000274799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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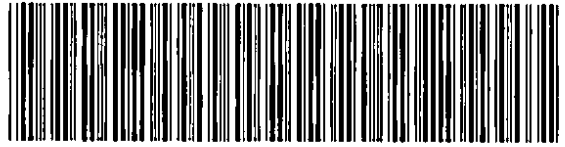
(Business Entity Name)

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LLC

1. OASIS FAMILY HOLDINGS, LLC

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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

ARTICLE I - Name:

The name of the Limited Liability Company is:
OASIS FAMILY HOLDINGS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

**19603 WHISPERING FERN PL
LUTZ, FL 33558**

Mailing Address:

**19603 WHISPERING FERN PL
LUTZ, FL 33558**

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

The name and the Florida street address of the registered agent are:

**MAGALY GUTIERREZ
19603 WHISPERING FERN PL
LUTZ, FL 33558**

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/MAGALY GUTIERREZ

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FL 32310

ARTICLE IV- Members/Managers

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

ABDIEL GUTIERREZ

19603 WHISPERING FERN PL

LUTZ, FL 33558

AMBR

DAMYLETT GUTIERREZ

19603 WHISPERING FERN PL

LUTZ, FL 33558

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is June 13, 2022.

REQUIRED SIGNATURE:

/S/ ABDIEL GUTIERREZ

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.

ABDIEL GUTIERREZ

Typed or printed name of signee

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