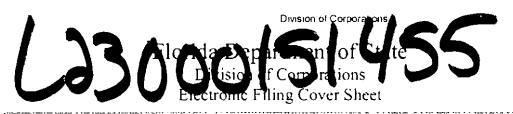
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FLORIDA LIMITED LIABILITY CO. **Delle Oasis LLC**

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APTICLES OF ORGANIZATION FOR FLORIDA'S IMITED LIABILITY COMPANY

	Delle	Oasis LLC
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address a	TICLE II - Address: mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Add	ress:	Mailing Address:
9870 Perfect Dri Port St. Lucie, FI		9870 Perfect Drive Port St. Lucie, FL 34986
The name and the Flor	rida street address of the re Anthony Mercurio	Name
		av Lane
	10609 SW Waterw	ay Lane
		O. Box NOT acceptable)
		O. Box <u>NOT</u> acceptable) FI. 34987
	Florida street address (f	O. Box NOT acceptable)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Janet Dellefave
AMBR	1005 Jamaica Blvd Toms River, NJ 08757
	Mario Dellefave
	1005 Jamaica Blvd Toms River, NJ 08757
(Use attachment if necessary)	
TLE V: Effective date, if other than the	e date of filing:
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CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) CLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
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CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	a member or an authorized representative of a member. ction 605.0203 (1) (b). Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State

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