

M15000009171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

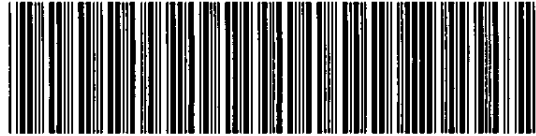
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Special Instructions to Filing Officer:

W15-74857 Mgr

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11/13/15--01003--012 \*\*160.00

11/13

RECEIVED  
2015 NOV 13 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 NOV 13 AM 7:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2015

FLORIDA RESEARCH & FILING SERVICES, INC.

SUBJECT: OASTS, LLC  
Ref. Number: W15000074857

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF RESEARCH & FILING  
15 NOV 16 PM 4: 18  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

We have received your document for OASTS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

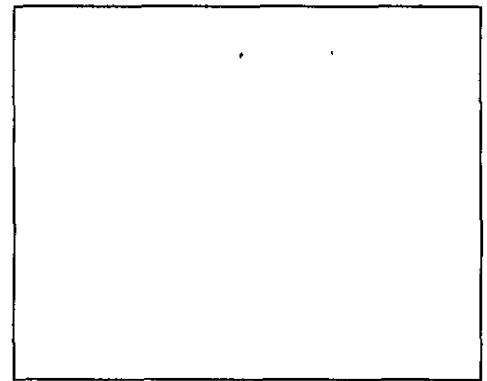
If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 115A00024081

\* RE-SUBMITTING  
W/ CORRECTIONS  
PLEASE RETAIN ORIGINAL  
SUBMISSION DATE 11/13/15

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

OASTS, LLC

CK# 7071 FOR \$160.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OASTS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Patrick Oroscio

\_\_\_\_\_  
Name of Person

OASTS, LLC

\_\_\_\_\_  
Firm/Company

10 Harris Court, Suite B-1

\_\_\_\_\_  
Address

Monterey, CA 93940

\_\_\_\_\_  
City/State and Zip Code

speverini@oroscogroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Oroscio

831

649-0220

at ( )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OASTS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited  
Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 47-5532158  
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)  
company is organized)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 Harris Court, Suite B-1  
Monterey, CA 93940  
(Street Address of Principal Office)

6. \_\_\_\_\_  
\_\_\_\_\_  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.

Stan Huser  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Patrick Orosco - MEMBER  
10 Harris Court, Suite B-1  
Monterey, CA 93940

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the  
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

[Signature]  
Signature of an authorized person

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.

Patrick Orosco  
Typed or printed name of signer

FILED  
15 NOV 13 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OASTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OASTS, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

FILED  
15 NOV 13 AM 7:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5866555 8300

SR# 20150891778

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 10410052

Date: 11-12-15