

M210000004125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

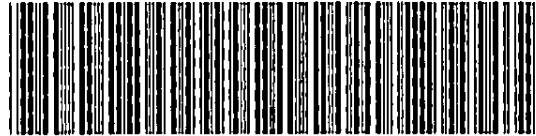
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TALLAHASSEE FL
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YS
4/10/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2021

VIDA ODESCALCHI
292 DAVIS RD
SALT POINT, NY 12578

SUBJECT: OASIS HOLDINGS II LLC
Ref. Number: W21000020005

We have received your document for OASIS HOLDINGS II LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

✓ Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

✓ A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yvette Scott
Document Specialist II

Letter Number: 521A00003294

*Dore
Thompson
3/29/21*

RECEIVED
APR 05 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Oasis Holdings II 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:

Vida Odescalchi

Name of Person

Firm/Company

292 Davis Rd

Address

Salt Point, NY 12578

City/State and Zip Code

oasis@hvc.rr.com

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

2021 APR -9 PM 4:12

FILED

For further information concerning this matter, please call:

Vida Odescalchi

845

635-1436

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. Oasis Holdings II 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. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4686602

(FEI number, if applicable)

4. 02/04/2021

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

5. 292 Davis Rd

(Street Address of Principal Office)

6. 292 Davis Rd

(Mailing Address)

Salt Point, NY 12578

Salt Point, NY 12578

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

Name: Alexander Odescalchi

Office Address: 100 Coveridge Lane

Longwood

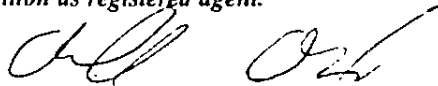
(City)

32779
Florida

(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.



(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Dominic Odescalchi

☒ Member Address: 292 Davis Rd

☐ Authorized Salt Point, NY 12578

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Vida Odescalchi

☒ Member Address: 292 Davis Rd

☐ Authorized Salt Point, NY 12578

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

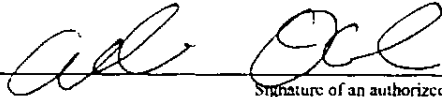
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.)

10. 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.


Signature of an authorized person

Alexander Odescalchi
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that OASIS HOLDINGS II, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/06/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.



FILED
2021 APR -9 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FL

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 23rd day of March two
thousand and twenty-one.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*