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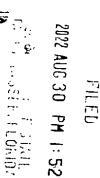
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| PICK-UP | MAIT | MAIL |
| (Bu: | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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T. LEMIEUX SEP -7 2022

| | COVER LETTER | |
|--|---|--|
| TO: Registration Section Division of Corporations | | |
| OceanOaks Securities LLC | | |
| SUBJECT: Name of | of Limited Liability Company | |
| | empany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida. | |
| Please return all correspondence concerning this matter to t | he following: | |
| Talal Nasir | | |
| | Name of Person | |
| OceanOaks Securities LLC | | |
| | Firm/Company | |
| 11437 Water Oak Place | | |
| | Address | |
| Davie, FL 33330 | | |
| City | /State and Zip Code | |
| admin@ocnoaks.com | | |
| E-mail address: (to be u | sed for future annual report notification) | |
| For further information concerning this matter, please call: | | |
| Talal Nasir | 561 516-0013 | |
| Name of Contact Person | at () | |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | 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



August 18, 2022

TALAL NASIR 11437 W OAK PL DAVIE, FL 33330

SUBJECT: OCEANOAKS SECURITIES LLC

Ref. Number: W22000106630

We have received your document for OCEANOAKS SECURITIES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Talal Nasir sign the last page of the document.,

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED
AUG 3 0 2027

Letter Number: 122A00018473

www.sunbiz.org

1 71 1 00014

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:

| | OSINESS IN THE STATE OF PLOKIDA: | | | |
|--|---|-------------------------------------|---|------------------------------------|
| 1. OceanOaks Securities (Name of Foreig | LLC n Limited Liability Company; must include "Limi | ted Liability | Company," "L.L.C" or "LLC.") | |
| | | | | |
| (If name unavailable, enter alternate | name adopted for the purpose of transacting business in | Florida. The al | ternate name must include "Limited Liab | ility Company," "L.L.C," or "LLC." |
| Delaware 2. | | 7 | 87-3414175 | |
| (Jurisdiction under the law of | which foreign limited liability company is organized) | J. _. | (FEI number | if applicable) |
| 12/01/2021 | | | | |
| 4 | (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter | to registration. mine penalty li | ability) | |
| 8 The Green, Suite B | | į | 1437 Water Oak Place | |
| 5. (Street Address of Principal Office) | · · · · · · · · · · · · · · · · · · · | 6 | (Mailing Address) | |
| Dover, DE 19901 | | 1 | Davie, FL 33330 | - |
| - | <u> </u> | - | | 28 |
| | | _ | | 2022 A JG |
| | | | | FIL 16 30 14 5 SÉ |
| 7. Name and street addre | ess of Florida registered agent: (P.O. Bo | x <u>NOT</u> ac | eceptable) | نها ث |
| Name: | Registered Agents Inc. | | <u></u> | |
| Office Address: | 7901 4th St N, STE 300 | | | 52 in. |
| | St. Petersburg | | 33702 , Florida | |
| | (City) | | (Zin 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.

7

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: | Title or Capacity: | |
|--------------------|--------------------------------|--------------------|--------------------------------|
| ■Manager | Name: Talal Nasir | ■Manager | Name: Tania Majid |
| □Member | Address: 11437 Water Oak Place | □Member | Address: 11437 Water Oak Place |
| □Authorized | Davie, FL 33330 | □Authorized | Davie, FL 33330 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| ⊐Manager | Name: | □Маладег | Name: |
| ■Member | Address: 8 The Green, Suite B | □Member | Address: |
| ∃Authorized | Dover, DE 19901 | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | □Other |
| ⊐Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | Other |

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

Typed or printed pume of signer

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Talal Nasir



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OCEANOAKS SECURITIES 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 NINTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OCEANOAKS

SECURITIES LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2021.

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



Authentication: 204115910

Date: 08-09-22