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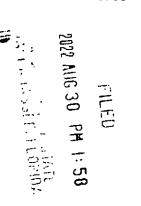
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

			COVEREETTER
		tration Section on of Corporations	¢ .
SUBJEC'		OceanOaks LLC	
SOBJEC	• -	Name	e of Limited Liability Company
			Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please rett	urn al	I correspondence concerning this matter to	the following:
		Talal Nasir	
			Name of Person
		OceanOaks LLC	
			Firm/Company
		11437 Water Oak Place	
			Address
		Davie. FL 33330	
		Ci	ity/State and Zip Code
		admin@ocnoaks.com	
		E-mail address: (to be	used for future annual report notification)
For further	r info	rmation concerning this matter, please cal	l:
Talal Nasir		Nasir	561 516-0013 at ()
_		Name of Contact Person	at () Area Code Daytime Telephone Number
<u>N</u>	Maili	ng Address:	Street Address:
F	Regis	stration Section	Registration Section
		sion of Corporations	Division of Corporations
F	P.O.	Box 6327	The Centre of Tallahassee
Т	[alla	hassee, FL 32314	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 WATER OAK PL DAVIE, FL 33330

SUBJECT: OCEANOAKS LLC Ref. Number: W22000106637

We have received your document for OCEANOAKS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Letter Number: 922A00018473

AUG 3 0 2022

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. OceanOaks LLC (Name of Foreign	Limited Liability Company; must include	e "Limited Liabilit	ty Company," "L.L.C.	.," or "LLC.")			
Ocean Oaks F	TONDA LLC name adopted for the purpose of transacting bus	siness in Florida, The	alternate name must inc	iude "Limited L	iabilily Company	." "[[0	2," or "LLC.")
Delaware 2. (Jurisdiction under the law of w	hich foreign limited liability company is organi	ized) 3.	87-3356067	(FEI num	ber, if applicable)	,	
12/01/2021							
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S.	if prior to registration to determine penalty	n.) y liability)				
8 The Green, Suite B		6.	11437 Water Oa				
(Street Address of Principal Office)	treet Address of Principal Office)		(Mailing Addres	is			
Dover, DE 19901			Davie, FL 33330)		<u>.</u> .	
7. Name and street address	ss of Florida registered agent: (P.	O. Box NOT	acceptable)			2022 AUG 3 O	
Name:	Registered Agents Inc.				SET -	30 PM	FILED
Office Address:	7901 4th St N, STE 300				15031 1717	 :5	
	St. Petersburg		Florida	33702	 무건	ဆ	
	(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.

Day

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address
□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:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□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 name of signee

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 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 LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2021.

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



Authentication: 204115893

Date: 08-09-22