

EXHIBIT 6

UNITED STATES DISTRICT
COURT MIDDLE DISTRICT OF
FLORIDA TAMPA DIVISION

COMMODITY FUTURES
TRADING COMMISSION,

Plaintiff,

v.

Case No. 8:19-cv-00886-VMC-SPF

OASIS INTERNATIONAL GROUP
LIMITED; OASIS
MANAGEMENT, LLC; SATELLITE
HOLDINGS COMPANY;
MICHAEL J. DACORTA; JOSEPH
S. ANILE, II; RAYMOND P.
MONTIE, III; FRANCISCO
"FRANK" L. DURAN; and JOHN
J. HAAS,

Defendants,

and

MAINSTREAM FUND SERVICES,
INC.; BOWLING GREEN
CAPITAL MANAGEMENT LLC;
LAGOON INVESTMENTS, INC.;
ROAR OF THE LION FITNESS,
LLC; 444 GULF OF MEXICO
DRIVE, LLC; 4064 FOUNDERS
CLUB DRIVE, LLC; 6922
LACANTERA CIRCLE, LLC; 13318
LOST KEY PLACE, LLC; and
4OAKS LLC,

Relief Defendants.

DECLARATION OF THE ESTATE OF ROBIN LINDSAY

PURSUANT TO 28 U.S.C. 1746(1)

I, THE ESTATE OF ROBIN LINDSAY, am an adult under no disability, competent to testify to my understanding and state of mind as follows:

1. I make this Declaration on 07 September 2022;
2. It is my understanding of the terms of acceptance of funds from the Receivership Trust in the Receivership Case cited above, that my reception of a distribution from the Receiver Burton Wiand (“Receiver” or “Receivership”) does not foreclose the Receiver’s fiduciary duty to me to make more distributions, as the law of fiduciary duty requires;
3. Thus, it is my understanding that any distributions the Receiver gives to me, or causes to be distributed to me, from this Receivership; or that any successor(s) to the Receiver, or that any law firm as representative of the Receiver or the Receivership Trust distributes to me, which does not constitute payment in full of all principal and interest to which law entitles me, less any lawful costs, according to my claim filed at the beginning of this Case, shall require the Receiver to make further distribution(s) to me until the Receiver has distributed to me lawful payment in full under his fiduciary obligation;

I declare under penalty of perjury that the foregoing is a true and correct record of my understanding and state of mind, to the best of my knowledge and belief, respecting my relationship with the Receiver;

Further, Declarant saith not.

PERSONAL VERIFICATION FORM

C.F.T.C. v. Oasis International Group, Ltd., et al.

INSTRUCTIONS: The Court-approved instructions governing this claims process required that each Proof of Claim Form be signed by the Claimant or, if the Claimant is not an individual, by an authorized agent of the Claimant. The Claimant must also attest under penalty of perjury that the information, including any information provided by the Receiver, is true and correct. Certain Claimants failed to personally sign their Proof of Claim Forms under penalty of perjury. Personal verification is essential to the integrity of the claims process, and the Receiver is entitled to reject unsigned or otherwise unverified claims. To avoid the outright rejection of unverified claims, the Receiver is allowing these Claimants to verify their claims through this Personal Verification Form. Claimants who failed to personally sign a Proof of Claim Form must complete and serve this Personal Verification Form to Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esq., Guerra King P.A., The Towers at Westshore, 1408 N Westshore Blvd., Suite 1010, Tampa, Florida 33607 no later than April 14, 2022. Altered forms will not be accepted. This form should not be filed with the Court. Claimants who have not personally verified their claim and do not return a complete and executed Personal Verification Form to the Receiver within the time specified will not be permitted to participate in distributions of recovered money from the Receivership. If a claim was submitted by more than one person, all persons submitting the claim must sign below certifying under penalty of perjury that the information provided is true and correct. If you have any questions regarding this form or whether you are required to submit a Personal Verification Form, you may contact Amanda Stephens at (813) 347-5120 or astephens@guerraking.com.

VERIFICATION

1. State the full name of the Claimant(s) (the person or entity who submitted the claim or who had a claim submitted on his, her, its, or their behalf). _____
THE ESTATE OF ROBIN LINDSAY

2. Brent Winters is representing me in this Receivership, including my claim to any Receivership assets: Yes X No _____

3. I confirm and accept the **one** mailing address provided in my Proof of Claim Form where I authorize the receipt of all future communications relating to my claim, including any possible distribution payment I may be entitled to receive. If you wish to change this address, provide the new address here: _____

It is the Claimant’s sole responsibility to advise the Receiver of any change to this address after submission of this form.

By signing below, I certify under penalty of perjury ~~pursuant to Florida law~~ that I have reviewed the Proof of Claim Form submitted to the Receiver by me and/or on my behalf and that the information provided in this Personal Verification Form and in the Proof of Claim Form is true and correct.

Signature of Power of Attorney: /s/ Brent Allan Winters

Print Name: Brent Allan Winters

Date: September 7, 2022

Title (if any): Power of Attorney

If joint claim:

Signature of Power of Attorney: /s/ Brent Allan Winters

Print Name: Brent Allan Winters (POA)

Date: 7 September, 2022

Title (if any): Power of Attorney