

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

Civil Action No.: 8:20-CV-00862-VMC-TGW

BURTON W. WIAND, as Receiver for
OASIS INTERNATIONAL GROUP, LTD.;
OASIS MANAGEMENT, LLC; and
SATELLITE HOLDINGS COMPANY,

Plaintiffs,

v.

CHRIS AND SHELLEY ARDUINI, et al.,

Defendants.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on the 19th day of July, 2021, I served the attached Claim of Exemptions and Request for Hearing by First Class U.S. Mail to:

1. John W. Waechter
Beatriz McConnell
Alicia Gangi
Englander Fischer
721 First Avenue North
St. Petersburg, Florida 33731-1954
Attorneys for Plaintiffs

and

2. JP Morgan Chase Bank, N.A.
c/o CT Corporation System
1200 S. Pine island Rd.
Plantation, FL 33324

Dated: July 19, 2021

Respectfully submitted,

Saxe, Doernberger & Vita, P.C.

851 Fifth Avenue North, Suite 301
Naples, FL 34102
Phone: (239) 316-7244

By: /s/Holly A. Rice

Holly A. Rice

Florida Bar No. 89138

Primary email: hrice@sdvlaw.com

Secondary email: charper@sdvlaw.com

Attorneys for Defendant Rocco Garbellano

CERTIFICATE OF SERVICE

I hereby certify that on the 19th day of July, 2021 a true copy of the foregoing document was filed electronically with the Clerk of Court via the CM/ECF system, and thereby served on all counsel of record.

/s/Holly A. Rice

Holly A. Rice

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OASIS INTERNATIONAL GROUP, LTD.;
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CHRIS AND SHELLEY ARDUINI, et al.,

Defendants.

_____ /

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

I, Rocco Garbellano, claim exemptions from garnishment under the following categories as checked:

- ☐ 1. Head of family wages. (Check either a or b below, if applicable.)
_____ a. I provide more than one-half of the support for a child or other dependent and have net earnings of \$750 or less per week.
_____ b. I provide more than one-half of the support for a child or other dependent, have net earnings of more than \$750 per week, but have not agreed in writing to have my wages garnished.
- ☐ 2. Social Security benefits.
- ☐ 3. Supplemental Security Income benefits.
- ☐ 4. Public assistance (welfare).
- ☐ 5. Workers' Compensation.
- ☐ 6. Reemployment assistance or unemployment compensation.
- ☐ 7. Veteran's benefits.

- ☐ 8. Retirement or profit-sharing benefits or pension money.
- ☐ 9. Life insurance benefits or cash surrender value of a life insurance policy or proceeds of annuity contract.
- ☐ 10. Disability income benefits.
- ☐ 11. Prepaid College Trust Fund or Medical Savings Account.
- ☒ 12. Other exemptions as provided by law. (explain) Under New York law, income earned in the last 60 days (90% of which is exempt). Additionally, under New York law, an automatic \$3,000 exemption pursuant to CPLR § 5222.

I request a hearing to decide the validity of my claim. Notice of the hearing should be sent to my counsel at:

Holly A. Rice
Saxe, Doernberger & Vita, P.C.
851 Fifth Avenue North, Suite 301
Naples, FL 34102
Phone: (239) 316-7244
Florida Bar No. 89138
Primary email: hrice@sdrvlaw.com
Secondary email: charper@sdrvlaw.com

I CERTIFY UNDER OATH AND PENALTY OF PERJURY that a copy of this CLAIM OF EXEMPTION AND REQUEST FOR HEARING has been furnished by (circle one) United States mail or hand delivery on (insert date), to: (insert names and addresses of Plaintiff or Plaintiff's attorney and of Garnishee or Garnishee's attorney to whom this document was furnished). SEE ATTACHED CERTIFICATE OF SERVICE

I FURTHER CERTIFY UNDER OATH AND PENALTY OF PERJURY that the statements made in this request are true to the best of my knowledge and belief.

Defendant's signature

Rocco Gorbella

Date 7-15-21

STATE OF ~~FLORIDA~~ NY

COUNTY OF DUTCHESS

Sworn and subscribed to before me this 15 day of July 2021, by (name of person making statement) Rocco Gorbella

Notary Public/Deputy Clerk

Personally Known OR Produced Identification

Type of Identification Produced

Lisa Pecchia
LISA PECCHIA
Notary Public, State of New York
No. 01PE4656787
Qualified in Dutchess County
Commission Expires January 31, 2022

CERTIFICATE OF SERVICE

I hereby certify that on the 19th day of July, 2021 a true copy of the foregoing document was filed electronically with the Clerk of Court via the CM/ECF system, and thereby served on all counsel of record and was additionally furnished by United States mail to the following:

John W. Waechter Beatriz McConnell Alicia Gangi Englander Fischer 721 First Avenue North St. Petersburg, Florida 33731-1954	JP Morgan Chase Bank, N.A. c/o CT Corporation System 1200 S. Pine island Rd. Plantation, FL 33324
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/s/Holly A. Rice

Holly A. Rice

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BURTON W. WIAND, as Receiver for
OASIS INTERNATIONAL GROUP, LTD.;
OASIS MANAGEMENT, LLC; and
SATELLITE HOLDINGS COMPANY,

EXEMPTION CLAIM FORM

Plaintiffs,

v.

CHRIS AND SHELLEY ARDUINI, et al.,

Defendants.

_____/

**John W. Waechter
Beatriz McConnell
Alicia Gangi
Englander Fischer
721 First Avenue North
St. Petersburg, Florida 33731-1954
ADDRESS A**

**JP Morgan Chase Bank, N.A.
c/o CT Corporation System
1200 S. Pine island Rd.
Plantation, FL 33324
Address B**

Directions: To claim that some or all of the funds in your account are exempt, completed both copies of this form and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice. **If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank record showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (check all that apply)

<input type="checkbox"/>	1. Social Security
<input type="checkbox"/>	2. Supplement security disability (SSD)
<input type="checkbox"/>	3. Supplemental security income (SSI)
<input type="checkbox"/>	4. Wages while receiving SSI or public assistance
<input type="checkbox"/>	5. Public assistance
<input type="checkbox"/>	6. Spousal support of maintenance (alimony)
<input type="checkbox"/>	7. Child Support
<input type="checkbox"/>	8. Unemployment benefits
<input type="checkbox"/>	9. Workers' compensation benefits
<input type="checkbox"/>	10. Payments from pensions and retirement accounts
<input type="checkbox"/>	11. Veterans benefits
<input checked="" type="checkbox"/>	12. Income earned in the last 60 days (90% of which is exempt)
<input type="checkbox"/>	13. Railroad retirement or black lung benefits
<input checked="" type="checkbox"/>	14. Other (describe exemption): Automatic exemption of \$3,000 pursuant to CPLR §5222

I request that any correspondence to me regarding my claim be sent to my attorney at the following address:

Holly A. Rice
 Saxe, Doernberger & Vita, P.C.
 851 Fifth Avenue North, Suite 301
 Naples, FL 34102
 Phone: (239) 316-7244
 Florida Bar No. 89138
 Primary email: hrice@sdvlaw.com
 Secondary email: charper@sdvlaw.com

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date: 7-19-2021

A handwritten signature in black ink, appearing to read "A. J. Sullivan", written over a horizontal line.

Signature of Judgment Debtor