F02000003006

TRANSMITTAL LETTER

	Division of Corporations									
	SUBJECT: _	Akyol	<u>INTERI</u> (Name of corpora	NATIONAL tion - must include s	///Ca	DBA	COTTON CASTLE			
	Dear Sir or Mad	am:								
	The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.									
	Please return all correspondence concerning this matter to the following:									
AKYOL	INTERNATION DE A		Name N Cast	Company)	[0545 05/03/02- *****87.50 02 1000 1000	12152 -01101003) *****87.50			
		grays	IAKE I	Idress) Local Te and Zip code)	O ⁻	OF CORPORA	ILED 12 AHII:4			
	For further information concerning this matter, please call:									
	MUSDAFA (Name	AKYO of Person)	at (<u>847</u>	7 <u>543-772</u> a Code & Daytime T)) Telephone Nu	mber)	. 17 16. 1888			
	STREET ADD Registration Sec Division of Corp 409 E. Gaines S Tallahassee, FL	ction porations t.		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations		. ***			
	Enclosed is a check for the following amount:									
	□ \$70.00 Filing		5 Filing Fee & ficate of Status	☐ \$78.75 Filing Fe Certified Copy	, , ,	37.50 Filing l Certificate of Certified Cop	Status &			

U02-13593 J. BRYAN MAY 1 0 2005 J. BRYAN JUN 1 3 2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 30, 2002

MUSTAFA AKYOL 888 E. BELVIDERE #213 GARYSLAKE, IL 60030

SUBJECT: AKYOL INTERNATIONAL INCORPORATED

Ref. Number: W02000013593

You failed to make the correction(s) requested in our previous letter.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 402A00034975

I made the Correction on Florida registered agent's Name who is Kira Akyol.

Thank you.

MUSTAFA AKYOL

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



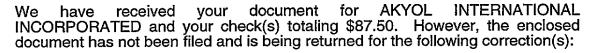
FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 10, 2002

MUSTAFA AKYOL 888 E. BELVIDERE #213 GARYSLAKE, IL 60030

SUBJECT: AKYOL INTERNATIONAL INCORPORATED

Ref. Number: W02000013593



Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

We retained your certificate from Illinois in our office.,

Please return the original and one copy of 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) 245-6043.

Letter Number: 102A00029691

Joey Bryan Document Specialist Tax Liens ON SUN 2 MILLIANS SEC. TORONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. AKYOL INTERNATIONAL INCORPORATED (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. <u>III/NOIS</u> (State or country under the law of which it is incorporated) 3. <u>364/35844. FEDERAC.</u> (FEI number, if applicable)
4. OCT. 1997 (Date of incorporation) 5. Text to Lia (Duration: Year corp. will cease to exist or "perpetual")
6. UPON Qualification.") (Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1505, F.S.)
7. COTTON CASTE, 888 E. BE/VIDERE #313, GRAYSTOKE, IL (Principal office address) 60030
COMON CASTLE, 888 E. BENIDERE #213 GROYSIAKE II 60030 (Current mailing address)
8. Phone operation S (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: KIRA AKYOL
Office Address: 7550 NE 199 STREET ROAD
(City) (Zip code)
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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.
Lyra akyol

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:
Á. DIRECTORS
Chairman: MUSTAFA AKYO!
Address: 888 E. BEIVIDERE #213
CRAYSLAKE, IL 60030
Vice Chairman: NERMIN AKYO!
Address: 888 E. BETUIDERE #213
GRAYSIAKE, IL 60030
Director:
Address:
Additions.
Director:
Address:
Addition.
B. OFFICERS
President:MUSTAFA AKYO/
Address: Same as above
Vice President: NERMIN AKYO/
Address: Same as Above
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addengum to the application listing additional officers and/or directors.
13
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. MUSTAFA AKUO PRESIDENT (Typed or printed name and capacity of person signing application)

File Number ______



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Te	estimony	Where	of, I, here	eto se
my hand ar	nd cause to be	affixed the	Great Sea	al of
the State of	^r Illinois, this		29TH	· : · ·
day of	APRIL	A.D	2002	•

Desse White