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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	Stoneline West Palm Beach LLC		
SUBJECT		imited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s) a	re submitted	for filing.
Please retu	m all correspondence concerning this m	natter to the f	ollowing:
	Robert A. Serrone, Esq.		
		Name of	Person
	Robert Serrone PA		
		Firm/Co	mpany
	PO Box 268598		
		Addre	ess
	Weston, FL 33326		
		City/State and	d Zip Code
<u> </u>	ras@serronelaw.com		
	E-mail address: (to be use	d for future a	nnual report notification)
For further in	nformation concerning this matter, plea	se call:	
		954	530-7545
•		Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	-	LCertifi	\$160.00 Filing Fee, ed Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ne name of the Limited Liability Company is:	
Stoneline West Palm Beach LLC	
(Must end with the words "Limited Lia	pility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	. Cal I i I i . l i l i l i l i l i l i l i l i l i
RTICLE II - Address: the mailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Mailing Address:
ne mailing address and street address of the principal office	
ne mailing address and street address of the principal office Principal Office Address:	Mailing Address:

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Robert A. Serrone E	sq.	
	Name	
1391 Sawgrass Corp	orate Parkway	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Sunrise	FL	33323
City	State	Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 AUS 15 AM 7:4

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"MGR" = Manager MGR Murat Yener 3540 NW 72nd Avenue Miami, FL 33122 CEO Gorkem Yener 3540 NW 72nd Avenue Miami, FL 33122 CFO Halil Dilmen 3540 NW 72nd Avenue Miami, FL 33122 CNTRLR Roberto Rivera 3540 NW 72nd Avenue Miami, FL 33122 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR Mural Yener 3540 NW 72nd Avenue Miami, FL 33122 CEO Gorkem Yener 3540 NW 72nd Avenue Miami, FL 33122 CFO Halil Dilmen 3540 NW 72nd Avenue Miami, FL 33122 CNTRLR Roberto Rivera 3540 NW 72nd Avenue Miami, FL 33122 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (Use attachment if necessary) ARTICLE V: Effective date in is listed, the date must be specific and cannot be more than five business days prior to or 90 days after he date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at the document's effective date on the Department of State's records. URTICLE VI: Other provisions, if any. Redured Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State I am aware that any false information submitted in a document to the Department of State		
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constitutes a unita acgree feiony as provided for in 8.017.133. F.s.		

Typed or printed name of signee

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

Robert A. Serrone