

1/4/23, 1:15 PM

Division of Corporations

L2300002803

Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
RENK TRAVEL LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2023 JAN -4 PM 1:53

23 JAN -4 PM 12:35

Electronic Filing Menu Corporate Filing Menu Help

9

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENK TRAVEL LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

520 BRICKELL KEY DR

#A1619

MIAMI, FL 33131

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ZIYA BURAK ERIM

Name

520 BRICKELL KEY DR #A1619

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33131

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.

Burak Erim

OC10601-001-001
01/04/23 12:14 PM EST
FCF-ZRM-1ING-DMLF

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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RECEIVED
STATE OF FLORIDA
CORPORATION DIVISION

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ZIYA BURAK ERIM
520 BRICKELL KEY DR #A1619
MIAMI, FL 33131

AMBR

VEDAT DURU
520 BRICKELL KEY DR #A1619
MIAMI, FL 33131

MGR

ASLI BALKANCI ERIM
520 BRICKELL KEY DR #A1619
MIAMI, FL 33131

MGR

SELEN DURU
520 BRICKELL KEY DR #A1619
MIAMI, FL 33131

(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.

REQUIRED SIGNATURE:

Burak Erim

2023-01-04 18:28:33
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EE1
13053284774, CP 1

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 constitutes a third degree felony as provided for in s.817.155, F.S.

ZIYA BURAK ERIM

Typed or printed name of signer

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)

23 JAN -4 PM 12

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Name and Address:

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"MGR" = Manager

MGR

OMER ERIM

520 BRICKELL KEY DR #A1619

MIAMI, FL 33131

(Use attachment if necessary)

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ZIYA BURAK ERIM

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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