

M18000007496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

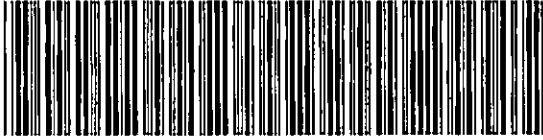
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
colt w18-39932

Office Use Only



400312317114

04/25/18--01010--026 \*\*155.00

FILED  
18 AUG 13 PM 4: 52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 13 2018  
O. S. S. O.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2018

TUGRUL KARARLI  
323 SUNNY ISLES BLVD, STE 700  
SUNNY ISLES BEACH, FL 33160

SUBJECT: PHARAM CIRCLE LLC  
Ref. Number: W18000039932

We have received your document for PHARAM CIRCLE LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 418A00008764

RECEIVED  
2018 AUG 13 PM 12:19  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PharmaCircle LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tugrul T. Kararli  
Name of Person

PharmaCircle LLC  
Firm/Company

3101 S Ocean Drive Apt 2908  
Address

Hollywood FL 33019  
City/State and Zip Code

+kararli@pharmacircle.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tugrul Kararli at (786) 520 2064  
Name of Contact Person Area Code Daytime Telephone Number  
(847) 363 7972 cell

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

*Already  
Submitted  
Before*

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PharmaCircle LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Illinois (Jurisdiction under the law of which foreign limited liability company is organized)      3. 06-1713373 (FEI number, if applicable)


4. April 23, 2018  
(Date first transacted business in Florida, if prior to registration.)  
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 323 Sunny Isles Blvd (Street Address of Principal Office)      6. 3101 S Ocean Drive (Mailing Address)  
Suite 700      Apt 2908  
Sunny Isles Beach      Hollywood, FL 33019  
33160

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Tugrul T. Kararli  
 Office Address: 323 Sunny Isles Blvd  
Sunny Isles Beach, Florida 33160  
(City) (Zip code)

18 AUG 13 PM 4:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED

**Registered agent's acceptance:**  
*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 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.*

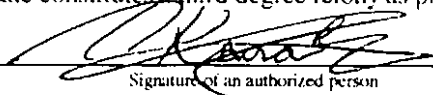
  
(Registered agent's signature)

<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>	<b><u>Title or Capacity:</u></b>	<b><u>Name and Address:</u></b>
<u>President</u>	<u>Tugrul T Kararli</u>		
	<u>3101 S Ocean Drive</u>		
	<u>Apt 2908</u>		
	<u>Hollywood FL 33019</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
Signature of an authorized person

Tugrul T. Kararli  
Typed or printed name of signer

File Number

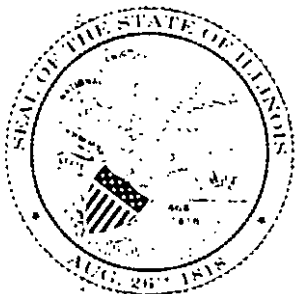
0101249-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

PHARMACIRCLE, L.L.C. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 26, 2003, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 4TH*  
*day of AUGUST A.D. 2018 .*

*Jesse White*