

Florida Department of State
 Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lgilberti@reedsmith.com

**Foreign Limited Liability Company
 NAR HOMES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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95:06:11 11:33:56
 DIVISION OF CORPORATIONS
 FLORIDA
 STATE

2024 FEB 13 AM 7:08
 FILED

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. NAR Homes LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 99-1333626 (FEI number, if applicable)

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

5. 102 NE 6th Avenue (Street Address of Principal Office) Delray Beach, FL 34483 6. 102 NE 6th Avenue (Mailing Address) Delray Beach, FL 33483

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Robert S. Koenigsberger

Office Address: 103 NE 6th Avenue

Delray Beach, Florida 33483 (City) (Zip code)

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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)

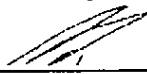
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Robert S. Koenigsberger</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Dilek Koenigsberger</u>
<input checked="" type="checkbox"/> Member	Address: <u>102 NE 6th Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>102 NE 6th Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Delray Beach, FL 33483</u>	<input type="checkbox"/> Authorized Person	<u>Delray Beach, FL 33483</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Beril Yurdakul</u>	<input type="checkbox"/> Manager	Name: <u>Korhan Savgideger</u>
<input checked="" type="checkbox"/> Member	Address: <u>305 N. Swinton Avenue</u>	<input checked="" type="checkbox"/> Member	Address: <u>305 N. Swinton Avenue</u>
<input type="checkbox"/> Authorized Person	<u>Delray Beach, 33444</u>	<input type="checkbox"/> Authorized Person	<u>Delray beach, FL 33444</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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
 Robert S. Koenigsberger

 Typed or printed name of signer

Delaware

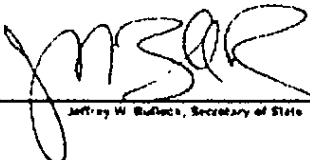
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NAR HOMES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

3095349 8300

SR# 20240500653

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202808850

Date: 02-14-24