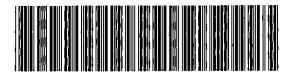
# FILMOUH637

(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:						

Office Use Only



500286877675

10/17/16--01006--021 \*\*70.00

16 DOT 17 PM 1:54

D. BRUCE OCT 17 2016

### **COVER LETTER**

TO:	Registration Se Division of Cor BARLA:	porations				
SUBJ	ECT:			·	<u> </u>	
		Name	of corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existenc	ion by Foreign Co e," or "Certificate n corporation to t	of Good Stan	Authorization to Transact Business ding" and check are submitted to r ss in Florida.	s in Florida egister the	ι,"
	return all corresp N OZCELIK	oondence concern	ing this matter	to the following:		
			Name of I	Person		
BARL	A MOTORS INC.					
4255 1	ROTTERS WAY	SUITE 7B	Firm/Com	pany		
ALPH	ARETTA/GEORG	IA 30004	Addre	ess		16 67
City/State and Zip code ozkan_ozcelik@yahoo.com						17 194 1:47
		E-mail address	s: (to be used f	or future annual report notification	)	<u></u>
For fu	rther information	concerning this m	natter, please c	all:	当時	<u>.</u>
OZKA	N OZCELIK		470	9850035		
	Name of Perso	n	Area Code	Daytime Telephone Num	ber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check for	the following ame	ount:			
<b>3</b> \$7	0.00 Filing Fee	□ \$78.75 Filin Certificate	-	Certified Copy Cert	50 Filing Fificate of S	Status &

## 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.

BARLA Mot						
	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	• 11			
GEORGIA	^	17-1017008		ida)		
(State or country 05/22/2014	(State or country under the law of which it is incorporated) (FEI number, if a 05/22/2014					
4. (Date	of incorporation) 5	(Date of duration, if other than perpetual)				
6						
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 WAY SUITE 7B ALPHARETTA,GA 30004	Florida, if prior to registration) 2, F.S., to determine penalty liability)	•			
7	(Principa	l office address)				
(Current mailing address, if different)						
8. Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		. 17		
Name:	MUHAMMED SOYER				lat t	
Office Address:	4748 NW 111th CT	<u></u>	CAIDA CAIDA	1:47		
	DORAL	, Florida33178				
	(City)	(Zip code)				
designated in this further agree to co	nt's acceptance:  ed as registered agent and to accept servic  application, I hereby accept the appointm  omply with the provisions of all statutes re  amiliar with and accept the obligations of	ent as registered agent and agree lative to the proper and complete	to act in this	сарас	city. I	
_	(Registered a	gent's signature)	_			

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: \_\_\_ Vice Chairman: \_\_\_\_\_ Address: \_\_ Director: Address: \_\_\_\_\_ Director: Address: \_\_\_\_\_ B. OFFICERS OZKAN OZCELIK President: 3468 ARCHGATE CT ALPHARETTA, GA 30004 Address: \_ **BRYAN FULLER** Vice President: 375 WITTENRIDGE CT ALPHARETTA, GA 30022 Secretary: \_ Address: Treasurer: \_\_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. OZKAN OZCELIK, PRESIDENT

(Typed or printed name and capacity of person signing application)

Control Number: 14052467

#### STATE OF GEORGIA

#### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia-Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether of notes notice of intent to dissolve an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Gode of Georgia Annofated and is prima-facie evidence that said entity is in existence-or-is-authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction

: 13523619 :05/22/2014 : Georgia

Print Date

: 10/11/2016

Form Number

:211



Secretary of State