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LLAHASSEE, FLORIDA

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S. WARREN

JUN 0 2 2017

# **COVER LETTER**

TO:	Registration Se				
	Division of Cor	porations EMUF	RINC		
SUB.	JECT:		C	and in the decree	
		Name	or corporation	- must include suffix	
Dear :	Sir or Madam:				
"Certi	ificate of Existenc	ion by Foreign Co e," or "Certificate n corporation to to	of Good Stan	Authorization to Transac ding" and check are sub ss in Florida.	et Business in Florida," mitted to register the
	e return all corresp A YILMAZ	oondence concerni	ing this matter	to the following:	
			Name of	Person	
1807 5	SUMMERVIEW D	R	Firm/Com	pany	
			Addre		
STON	IE MOUNTAIN, G	A 30083	Adult	755	
EMA	Y2603@HOTMAII	COM	City/State a	nd Zip code	
		E-mail address	: (to be used	or future annual report r	notification)
For fu	arther information	concerning this n	natter, please o	eall:	
EMIN A YILMAZ		404	914-8321		
	Name of Perso		Area Cod	e Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301			S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclo	sed is a check for	the following am	ount:		
<b>□</b> \$7	70.00 Filing Fee	S78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

#### 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. EMUR INC 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") EMUR OF FL INC (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-3237902 (FEI number, if applicable) 2. \_\_\_\_\_ (State or country under the law of which it is incorporated) (Date of incorporation) 06/01/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 10300 SOUTHSIDE BLVD, JACKSONVILLE, FL 32256 (Principal office address) 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) EMIN A YILMAZ Name: 10300 SOUTHSIDE BLVD Office Address: JACKSONVILLE (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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)

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 EMIN A YILMAZ Chairman: 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 **EMIN A YILMAZ** Vice Chairman: 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 Address: EMIN A YILMAZ Director: 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 Address: Address: \_\_\_ **B. OFFICERS EMIN A YILMAZ** 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 Address: **EMIN A YILMAZ** Vice President: 1807 SUMMERVIEW DR, STONE MOUNTAIN, GA 30083 **EMIN A YILMAZ** Secretary: 1807 SUMMERVIEW DR., STONE MOUNTAIN, GA 30083 Address: \_ EMIN A YILMAZ Treasurer: 1807 SUMMERVIEW DR., STONE MOUNTAIN, GA 30083 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. \_\_\_\_\_\_ 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. EMIN A YILMAZ - PRESIDENT 13. \_

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

Control Number: 15014710

## 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

#### **EMUR INC**

### à 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 or not a 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 Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Date Inc/Auth/Filed

: 14682034 : 02/03/2015

Jurisdiction Print Date

: Georgia : 05/24/2017

Form Number

. 211



B: P. Kemp