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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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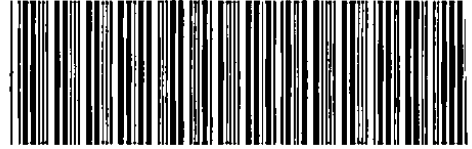
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10/11/19--01019--024

T. CLINE

OCT 23

EXAMINER

CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
KARYA PROPERTY LLC

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Angela D Smith

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

101 Lake Avenue Apartment 1908

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/State and Zip code

finance@eternalsmoke.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela D Smith                      407                      808-9021

\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$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 FOR REGISTRATION TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

KARYA PROPERTY LLC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Delaware 84-3013808  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
09/16/2019
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1321 Edgewater Drive, Orlando, Florida 32804
7. \_\_\_\_\_  
(Principal office address)  
300 South Orange Avenue, Suite 1000 (Office 14), Orlando, Florida 32801  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Angela D Smith  
Office Address: 300 South Orange Avenue, Suite 1000 (Office 14)  
Orlando, Florida 32801  
(City) (Zip code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation designated in this application, I hereby accept the appointment as registered agent and agree to act in the further agree to comply with the provisions of all statutes relative to the proper and complete performance of 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 to the Department of State, by the Secretary of State or other official having custody of corporate records in the state under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Adem Topaloglu  
\_\_\_\_\_

Address: 300 South Orange Avenue, Suite 1000 (Office 14)  
\_\_\_\_\_

Orlando, Florida 32801  
\_\_\_\_\_

Vice President: Angela D Smith (Managing Member)  
\_\_\_\_\_

Address: 300 South Orange Avenue, Suite 1000 (Office 14)  
\_\_\_\_\_

Orlando, Florida 32801  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

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 are true and that he or she is aware that false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.

Angela D Smith, Managing Member  
13. \_\_\_\_\_

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

RECEIVED  
DEPARTMENT OF STATE  
ALLAHABAD, INDIA  
JAN 10 2008

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KARYA PROPERTY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW OF THE TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KARYA PROPERTY LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7609676 8300

SR# 20197139069

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 2

Date

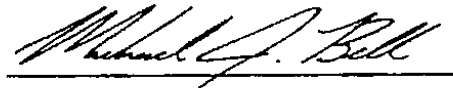
**CERTIFICATE OF FORMATION  
OF  
KARYA PROPERTY LLC**

(A Delaware Limited Liability Company)

**First:** The name of the limited liability company is: KARYA PROPERTY LLC

**Second:** Its registered office in the State of Delaware is located at 16192 Coastal F  
Lewes, Delaware 19958, County of Sussex. The registered agent in charge thereof is  
Business Services, Inc.

IN WITNESS WHEREOF, the undersigned, being fully authorized to execute and  
document have signed below and executed this Certificate of Formation on this Septer.  
2019.

A handwritten signature in cursive script, reading "Michael J. Bell", is written over a horizontal line.

Harvard Business Services, Inc., Authorized Perso  
By: Michael J. Bell, President

# STATEMENT OF AUTHORIZED PERSON

\*\*\*\*\*

IN LIEU OF ORGANIZATIONAL MEETING  
FOR  
KARYA PROPERTY LLC  
September 16, 2019

We, Harvard Business Services, Inc., the authorized person of KARYA PROPERTY LLC, a Delaware Limited Liability Company -- hereby adopt the following resolution pursuant to Section 201 of the Delaware Limited Liability Company Act:

**Resolved:** That the Certificate of Formation of KARYA PROPERTY LLC was filed with the Secretary of State of Delaware on September 16, 2019.

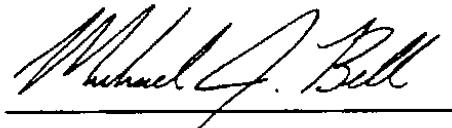
**Resolved:** That on September 16, 2019 the following persons were appointed as the initial members of the Limited Liability Company until their successors are elected and qualify:

Adem Topaloghu  
Owner

Angela D Smith  
Manager Member

**Resolved:** That the undersigned signatory hereby resigns as the authorized person of the a named Limited Liability Company.

This resolution shall be filed in the minute book of the company.



Harvard Business Services, Inc., Authorized Person  
By: Michael J. Bell, President



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

RESOLUT

Date of this notice:

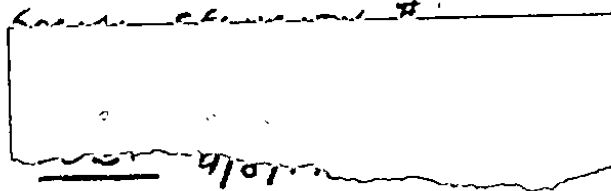
Employer Identification  
84-3013808

Form: SS-4

Number of this notice:

KARYA PROPERTY LLC  
ANGELA D SMITH ~~OWNER~~  
300 S ORANGE AVE STE 1000  
ORLANDO, FL 32801

For assistance you may  
1-800-829-4933



IF YOU WRITE, ATTACH T  
STUB AT THE END OF THI

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-3013808. This EIN will identify you, your business accounts, tax return documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. A mistake may cause a delay in processing, result in incorrect information in your accounts, or cause you to be assigned more than one EIN. If the information is not correct above, please make the correction using the attached tear off stub and return it.

Based on the information received from you or your representative, you must use the following form(s) by the date(s) shown.

Form 940  
Form 944

01/31/2021  
01/31/2021

If you have questions about the form(s) or the due date(s) shown, you can call the phone number or write to us at the address shown at the top of this notice. You will need help in determining your annual accounting period (tax year), see Publication 532, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from your representative. It is not a legal determination of your tax classification, and it is not binding on the IRS. If you want a legal determination of your tax classification, you must request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 941-CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive the Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Preparer Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.