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2022 APR -6 PM 12: 28

S. FRANKLIN APR 1 3 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	VESIL TI	VC.	
3013	Name of corporation -	must include suffix	
Dear S	ir or Madam:		
"Certit	closed "Application by Foreign Corporation for Aulicate of Existence," or "Certificate of Good Standing telerenced foreign corporation to transact business	ng" and check are subr	
Please	return all correspondence concerning this matter to	the following:	
	MUSA SUEV	EYKE	28
			22 #
	YESIL, IHC	<i>-</i>	022 AFR - 6
	Firm/Compa	iny /	-6
	23400 Milano Co	urt	- <del>0</del>
	23400 Milano Co  Address  BOLA PATON FL  City/State and  Yesi Linc Egmail  E-mail address: (to be used for	33423	PH 12: 28
	City/State and	Zip code	, <u> </u>
	vesitinc Ramail	COM	
	E-mail address: (to be used for	future annual report n	otification)
For fur	ther information concerning this matter, please cal		
Mus	SA SuveyMe at 516  Name of Person Area Code	9 439 - 63 Daytime Teleph	5/ none Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
Please		OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

i	YES/L, INC.  proporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"			
(Enter name of co	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")			
(If name unavaila	ble in Florida, enter alternate corporate name adopted for the purpose of transacting b	ousiness in Fl	orida)	
> NT	Yunder the law of which it is incorporated)  3. 46-10792  (FEI number, if appli	44		
(State or country	under the law of which it is incorporated) (FEI number, if appli	cable)		
$Q_{ij} = Q_{ij}^{\alpha}$	7/20/2013 5. (Date of duration, if other tha			
(Date	of incorporation) (Date of duration, if other tha	n perpetual)		
6	(Date first transacted business in Florida, if prior to registration)			
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)			
7. 234	(Principal office street address)	3433		
	(Current mailing address, if different)			
	(Current mailing address, if different)			
8. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)	<u></u>	202	
Name:	MUSA SUVEY KE		2022 APR	Į.
ivame.	BOA RATON , Florida 33433 (City) (Zip code)	-	70	
Office Address:	13 400 PHIANO COURT		70	
	BOA RATON Florida 33433	1 · · · · · · · · · · · · · · · · · · ·	23 H	, . 9 a a e
	(City) (Zip code)	<u>.</u>	22	142
9. Registered age	nt's acceptance:			
designuted in this further agree to co	ed as registered agent and to accept service of process for the above stated consplication, I hereby accept the appointment as registered agent and agree to imply with the provisions of all statutes relative to the proper and complete paint with and accept the obligations of my position as registered agent.	to act in this	s capac	ity. I
_	(Registered agent's signature)	_		
10. Attached is a	rertificate of existence duly authenticated, not more than 90 days prior to deliv	very of this r	ınnlicet	ion to
	State, by the Secretary of State or other official having custody of corporate re			

under the law of which it is incorporated.

A. DIRECTORS	A					
□Chairman	Name: Musa Suveyhe	☐ Chairman	Name:			
□Vice Chairman	Address: 23400 Milano Cout	□Vice Chairman	Address:		<del>-</del>	
□ Director	BOLA RATON, FL 33/33	□Director			<u>-</u>	
President		□President				
□Vice President		□Vice President		<del></del>	<del></del>	
□Secretary	☐Treasurer	□Secretary		□Treasur	er	
□Other	Other	Other		□Other _		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman				
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	☐Treasurer	□ Secretary		□Treasure	er	
□Other	□Other	Other		Other _	-23	. <u></u>
				<u>.</u>	)22 APR	1 4
□Chaicman	Name:	□Chairman	Name:	<u> </u>	×× 	***
□Vice Chairman	Address:	□Vice Chairman		•	•	<del></del>
Director		Director		•	<u> </u>	·. j
□President		□President		· .	28	
□Vice President		□Vice President			<del></del> -	
□Secretary	Treasurer	□Secretary		□Treasure	er	
□Other	[]Other	□Other		□Other_		·· <i>-</i> ···
	Use an attachment to report more than six (6). The attached added to the index when filing your Florida Departme			urposes only	. Non-inde	exed
12	Signature of Director o	r Officer				
	tor signing this document (and who is listed in number	: 11 above) affirms th				
3.01.7.1.2.2.1.2.	·	^ ′		, ,		
13	MUKA SOLVEVKE	Presiden	<i>t</i>			

### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

YESIL, INC.

DOS ID Number:

4298156

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

09/20/2012

Statement Status:

CURRENT

Statement Due Date:

09/30/2024

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No information is available from this office regarding the financial condition, business activity or practices of this entity.

-6 PM

M 12: 2

WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 01, 2022 at 12:28 P.M.

Brandon C. Hughen

ROBERT J. RODRIGUEZ, Secretary of State

OF NEW OF NEW OF STREET

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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