

LO 60000674927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

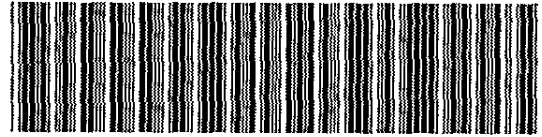
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/State/Zip

850-222-2785

Phone #

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- THE SUHA GROUP, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

| | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input checked="" type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

AMENDMENTS

| | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

OTHER FILINGS

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

REGISTRATION/QUALIFICATION

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
THE SUHA GROUP, LLC

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TALLAHASSEE, FLORIDA

THE UNDERISNGED, BEING A NATURAL PERSON OF AT LEAST EIGHTEEN (18) YEARS OF AGE AND ACTING AS THE ORGANIZER OF THE LIMITED LIABILITY COMPANY (THE "LIMITED LIABILITY COMPANY") BY THESE ARTICLES BEING FORMED UNDER SECTION 608.407, FLORIDA STATUTES, OF THE LIMITED LIABILITY COMPANY LAW OF THE STATE OF FLORIDA, CERTIFIES THAT:

ARTICLES I

NAME OF COMPANY

The name of the Limited Liability Company is *THE SUHA GROUP, LLC*.

ARTICLE II

DURATION

The period of duration for the Limited Liability Company shall commence on the date on which these *Articles Of Organization* are filed with the Department of State of the State of Florida, and shall continue under May 30, 2036.

ARTICLE III

PURPOSE OF COMPANY

The Limited Liability Company is formed to engage in any lawful act or activity for which limited liability companies may be organized under the *Florida Limited Liability Company Action (Section 608.401, et seq, Florida Statutes)*.

ARTICLE IV

PRINCIPAL OFFICE

The County within the State of Florida in which the principal office of the Limited Liability Company is to be located is **Broward County**.

The **Street Address** of the principal office of the **Company** is:

**450 East Las Olas Boulevard
Suite Number 800
Fort Lauderdale, Florida 33301-2223**

The **Mailing Address** of the **Limited Liability Company** is:

**450 East Las Olas Boulevard
Suite Number 800
Fort Lauderdale, Florida 33301-2223**

ARTICLE V

MANAGEMENT – MEMBERS

The **Limited Liability Company** shall be member managed, and the name and address of the member/managing member is:

**Suha Colakoglu
450 East Las Olas Boulevard
Suite Number 800
Fort Lauderdale, Florida 33301-2223**

ARTICLE VI

REGISTERED AGENT

The name and address of the registered agent for service of process on the **Limited Liability Company** in the State of Florida is **Larry L. Adair**. Such registered agent is to be the agent of the **Company** upon whom process against it may be served.

The street address of the registered agent is:

**Larry L. Adair
450 East Las Olas Boulevard
Suite Number 800
Fort Lauderdale, Florida 33301-2223**

ARTICLE VII

CLASS OF MEMBERS

The **Limited Liability Company** may, from time to time, establish classes, or series of classes, of members, with such relative rights, designations, qualifications, preferences and duties as may be adopted as set forth in the **Limited Liability Company's** operating agreement from time to time.

ARTICLE VIII

OPERATING AGREEMENT

These **Articles Of Organization** shall be deemed to be the operating agreement of the **Company**, unless and until the members shall have otherwise adopted additional or inconsistent provisions in connection with any matters permitted to be addressed in an operating agreement.

IN WITNESS WHEREOF, the undersigned hereby affirms under the penalties of perjury that the facts stated hereinabove are true and have executed this instrument as of this 19th day of May, 2006.

ORGANIZER:

By: 

SUHA COLAKOGLU
450 Ease Las Olas Boulevard
Suite Number 800
Fort Lauderdale, Florida 33301

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Having been named to accept service of process for the above stated **Limited Liability Company**, I here state that I am familiar with and hereby agree to act in this capacity, and agree to comply with the obligations of said position.

Dated this 21st day of May, 2006.

REGISTERED AGENT:

By: 

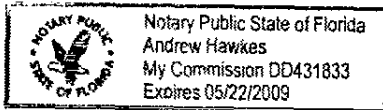
BARRY L. ADAIR

STATE OF FLORIDA :

COUNTY OF Orange :

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by SUHA COLAKOGLU, who is personally known to me or who has produced _____ as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid, this 19th day of May, 2006.



[Signature]
NOTARY PUBLIC
Printed Name: Andrew Hawkes

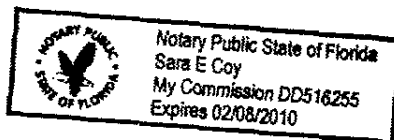
My Commission Expires:

STATE OF FLORIDA :

COUNTY OF BROWARD :

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by LARRY L. ADAIR, who is personally known to me or who has produced _____ as identification and who did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid, this 21st day of May, 2006.



[Signature]
NOTARY PUBLIC
Printed Name: Sara E. Coy

My Commission Expires: 2/8/2010