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SECRETARY OF STATI

D. BRUCE

AUG 0 4 2009

EXAMINER

COVER LETTER

18.

TO:	Registration Division of C				
SUBJI	ECT:	ANGOR	A TR LLC		
5020		Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The en	nclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please	return all corres	pondence concerning this mat	ter to the following:		
		Vo	olkan ULUCAY		_
			Name of Person		
		A	NGORA LLC. Firm/Company		<u> </u>
			rimi/Company	,	
		, 283	3 North Course Drive , பூ	1.4 204	
			Address	. ,	
		Pompa	no Beach, FL 33069		
		Ci	ty/State and Zip Code	Ž _v , o	
		info(@visitpositive.com	(LL)	· ——
For fu	rther information	E-mail address: (to be used a concerning this matter, pleas	for future annual report notification) e call:	U6 -3 ETAR) HASSE	
				(m) 22	П
		an ULUCAY e of Person	at (954) 99 Area Code & Daytime Telep	30-3012 FG	D
	Name	ou reison	Alea Code & Daytime Telep	SE S	American Services
Enclos	sed is a check t	for the following amount:		P STATE OF	
[]\$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2009

VOLKAN ULUCAY 204,2833 NORTH COURSE DRIVE POMPANO BEACH, FL 33069

SUBJECT: ANGORA LLC Ref. Number: W09000033116 SECRETARY OF STATES
TALLAHASSEE, FLORIDA

We have received your document for ANGORA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 809A00024819

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(1)	ANGORA	A TR LLC bility Company," "L.L.C.," or "LI.C.")	
(M	lust end with the words "Limited Liat	of the Company," "E.L.C.," or "LE.C.")	
ARTICLE II - Ac The mailing addre		principal office of the Limited Liabilit	y Company is:
Principal Office	Address:	Mailing Address:	
204, 2833 North Pompano Beach 33069		204, 2833 North Course Drive Pompano Beach, Fl 33069	
(The Limited Liability C		ed Office, & Registered Agent's Sign istered Agent. You must designate an individual of the state of the stat	
The name and the	Florida street address of the	registered agent are:	ह है ज
	Volkan U	JLUCAY 👸	2 0 1
	Nam	e Ti	å ₹ M
	204, 2833 Norti	h Course Drive	i ii O
	Florida street address (P.0	O. Box NOT acceptable)	73
	Pompano Beach 3306		ء _{است}
	City, State,	and Zip	
liability compo registered agent a statutes relating	any at the place designated in and agree to act in this capac to the proper and complete p	o accept service of process for the above this certificate, I hereby accept the app ity. I further agree to comply with the p performance of my duties, and I am fam gistered agent as provided for in Chapte	pointment as provisions of all piliar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manag	
"MGRM" = Man	
MGR	Volkan ULUCAY
	204, 2833 North Course Drive
	Pompano Beach, FL 33069
MGRM	Hakan ULUCAY
	101 - 2400 MARINA BAY OR, EAST
	Fort Lauderdale, FL 33312
MGRM	Asli OGUN
,	213 Alpine St.
	Altamonte Sprgs, FL 32701-7601
Use attachment	if necessary)
fective date is lis	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days price
LE V: Effective	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior te of filing.)
LE V: Effective of fective date is list days after the date	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior te of filing.) GNATURE:
LE V: Effective of fective date is list days after the date	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior te of filing.) GNATURE: Signature of a member or an authorized representative of a member.
LE V: Effective of fective date is list days after the date	date, if other than the date of filing: (OPTIONAL) ted, the date must be specific and cannot be more than five business days prior te of filing.) GNATURE:
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LE V: Effective of fective date is list days after the date	date, if other than the date of filing: