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From:

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## FLORIDA LIMITED LIABILITY CO. **WIND 2106 LLC**

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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| ARTICLES OF CRICANIZATION FOR  | FLORIDA LIMITED LIABILITY COMPANY  |
|--|--|
| ARTICLE I - Name:<br>The name of the Limited Liability Company is:   |  |
| Minet and with the world "I inite  | LLC d Liability Company, "L.L.C.," or "LL.C.")   |
| •  | , and the second second second second  |
| ARTICLE II - Address: The mailing address and street address of the principal  | office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 1470 NW 107TH AVENUE, SUITE E<br>MIAMI, FL 33172   | 1470 NW 107TH AVENUE, SUITE E<br>MIAMI, FL 33172   |
| ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration of the pages and the Florida street address of the registere | n Registered Agent. You must designate an individual or on.)   |
| _  | · "  |
| EYLEM AKMAN<br>Nam   |  |
| 1470 NW 107TH AV   | ENUE, SUITE E  X NOT acceptable)   |
| MIAMI  | FL 33172   |
| City   | Zip  |
| the place designated in this certificate, I hereby access capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the o  | ervice of process for the above stated limited liability company of<br>pi the appointment on registered agent and agree to act in this<br>t of all statutes relating to the proper and complete performance<br>bligations of my position as registered agent as provided for in<br>pter 605, F.S.  |
| Hegistared Agent's Sign  | Esture (RBQUIRED)  |
| seeSwaren Ukrii e Aikh   | NOV TO SEE THE |
| (CONTIN  | CED)   |
| Page £ of  | THE STATE OF |

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| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager   | Name and Address:  |                                  |
|--|--|----------------------------------|
| AMBR   | EYLEM AKMAN CINAR<br>1470 NW 107TH AVENUE, SUITE E<br>MIAMI, FL 33172  |                                  |
| MGR  | TOLGA CANDAN CINAR<br>1470 NW 107TH AVENUE, SUITE E<br>MIAMI, FL 33172   |                                  |
|  |  |                                  |
|  |  |                                  |
| of iling.)   | o of filing  | ONAL)<br>prior to or 90 days     |
| LE V: Effective date, if other than the date fective date is listed, the date must be sp   | of filing, (OPTI-<br>eccific and cannot be more than five business days p  | ONAL)<br>exior to or 90 days     |
| LE V: Effective date, if other than the date fective date is listed, the date smust be sp of filing.)  LE VI: Other provisions, if any.  HEOURED SIGNATURE:  Signature of a magnitudes an affirmation under a may be sometimes an affirmation under a may savere that any false information where the savere that any false information.           |  | or.<br>3 document<br>are true.   |
| LE V: Effective date, if other than the date fective date is listed, the date smust be sp of filing.)  LE VI: Other provisions, if any.  HEOURED SIGNATURE:  Signature of a magnitudes an affirmation under a may be sometimes an affirmation under a may savere that any false information where the savere that any false information.           | ember or an authorized representative of a usemb<br>05,0203 (1) (b), Florida Statutes, the execution of this<br>or the penalties of perjury that the facts stated herein<br>matten submitted in a document to the Department o   | or.<br>3 document<br>are true.   |
| EV: Effective date, if other than the date fective date is listed, the date smust be sp of filing.)  LE VI: Other provisions, if any.  HEOURED SIGNATURE:  Signature of a magnetic with section of constitutes an affirmation under a magnetic with section of a magnetic state of the sware that any false inforcementations a third degree felor | ember or an authorized representative of a member of the oxecution of this or the penalties of perjury that the facts stated herein mation submitted in a document to the Department of my as provided for in s.817.155, F.S.)  EYLEM AKMAN CINAR  Typed or printed name of signes | or. 3 document are true. f State |