

L16000197685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

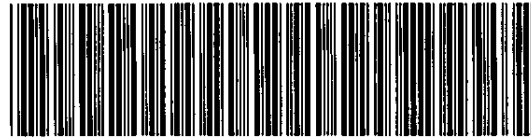
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/25/16--01023--024 **130.00

OCT 25 AM 9:39

OCT 28 2016

T. SCOTT

Sevi Sari
8372 Garden Gate PL
Boca Raton, FL 33433

Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: ASSOCIATION OF TURKISH AMERICAN BUSINESS WOMEN INC.

October 21, 2016

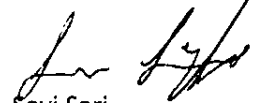
Dear Florida Dept of State,

Respectfully please accept this letter as my permission allowing an LLC to be formed with the same name as above.

Association of Turkish American Business Women, LLC.

If you have any questions please call me at 561-305-6753.

Thank you very much,

A handwritten signature in black ink, appearing to read 'Sevi Sari', is written over the printed name.

Sevi Sari

President

Association of Turkish American Business Women, Inc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASSOCIATION OF TURKISH AMERICAN BUSINESS WOMEN, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEVI SARI

Name of Person

ASSOCIATION OF TURKISH AMERICAN BUSINESS WOMEN, LLC

Firm/Company

8372 GARDEN GATE PLACE

Address

BOCA RATON, FL 334333

City/State and Zip Code

SEVI@LIVE.COM

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

For further information concerning this matter, please call:

SEVI SARI

561

305-6753

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASSOCIATION OF TURKISH AMERICAN BUSINESS WOMEN, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8372 GARDEN GATE PLACE
BOCA RATON, FL 33433

Mailing Address:

8372 GARDEN GATE PLACE
BOCA RATON, FL 33433

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

SEVI SARI

Name

8372 GARDEN GATE PLACE

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 3343

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

SEVI SARI

8372 GARDEN GATE PLACE

BOCA RATON, FL 33433

(Use attachment if necessary)

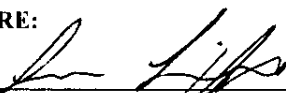
ARTICLE V: Effective date, if other than the date of filing: OCTOBER 24, 2016 . (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SEVI SARI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)