## 022002 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H16000295781 3)))



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## FLORIDA LIMITED LIABILITY CO. AQUADUCT REAL ESTATE IMPROVEMENT & DEVELOPMENT, LLC

Certificate of Status	0		
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Page Count	03		
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T. BURCH

DEC 6 2016





December 5, 2016

## FLORIDA DEPARTMENT OF STATE Division of Corporations

GERLAD WEINBERG, P.C.

SUBJECT: AQUADUCT REAL ESTATE IMPROVEMENT & DEVELOPMENT, LLC

REF: W16000081102

We have received your document for AQUADUCT REAL ESTATE IMPROVEMENT & DEVELOPMENT, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

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) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II FAX Aud. #: H16000295781 Letter Number: 416A00025756

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:						
	ESTATE IMPROVEN		LOPMENT, LLC pany, "LL.C.," or "LLC.	າ			
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lim	ited Liability Company is	: :			
Principa	l Office Address:		Mailing A	ddress:			
6960 Rue Vendome, A Miami Beach, FL 331			5990 Rue Vendome, Apt Miami Beach, FL 33141	401	<u> </u>		
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own	Registered Age	agent's Signature: nt. You must designate a	n individual or	SE TALI	16	
The name and the Florida street a	ddress of the registered	d agent are:			AE AE AE	OEC	7
	Incorporating Service			_	ETARY	4	-
		Name			ŭ, O,	70	'n
•	1540 Glenway Drive	<u> </u>		_	F.S.	2	<b>3</b> 9
	Florida street addres	is (P.O. Box <u>NO</u>	<b>T</b> acceptable)		85≥	=	
	Tallahassec	FL	32301	_	TATE	۲1	
	City	State	Zip	<del></del>			

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.

Zip

Registered Agent's Signature (REQUIRED) Zvjezdana Sijan, Assistant Secretary

(CONTINUED)

Page 1 of 2

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ARTICLE VI: Other provision	ons, if any.			
the document's effective dat	•	I State's records.		
Note: If the date inserted in		set the applicable statutory filing requirements, this date will not	be lister	i as
If an effective date is listed, he date of filing.)	, the date must be spec	ific and cannot be more than five business days prior to or 90	days afi	ler
		of filing: (OPTIONAL)		
(Use attachment if necessary)		O.F.	-	
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,		Kemer Country 1, Kemerburgaz Istanbul Turkey	16	
MGR	<del></del>	Emine Estel Gurdogan  Istanbul Cad, Kemerboyu, Sitesi No. 1		
MCD				
		Istanbul Çad, Kemerboyu, Sitesi No. 1  Kemer Country 1, Kemerburgaz Istanbul Turkey		
MGR - Manager	<del></del>	Ahmet Tahsin Gurdogan		
"AMBR" = Author "MGR" = Manager				
<u>Title:</u>		Name and Address:		

AHMET TAHSIN GURDOGAN
Typed or printed name of signee

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.

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)