

L170000116476

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(Business Entity Name)

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MAY 30 2017

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MANAN INVEST LLC

Signature \_\_\_\_\_  
-----

Requested by: Seth

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF MANAN INVEST LLC**

**ARTICLE I, NAME**

The name of the Limited Liability Company is:

**MANAN INVEST LLC**

**ARTICLE II, PRINCIPAL OFFICE**

The address of the principal office of the Limited Liability Company is:

**6965 Piazza Grande Avenue, Suite 201-L  
Orlando, FL 32835**

The mailing address of the Limited Liability Company is:

**6965 Piazza Grande Avenue, Suite 201-L  
Orlando, FL 32835**

**ARTICLE III, PURPOSE**

The Limited Liability Company is organized to conduct any and all legal business activities.

**ARTICLE IV, REGISTERED AGENT**

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

Name: KAVURT LAW OFFICES, P.A.

Address: 6965 Piazza Grande Avenue, Suite 201, Orlando, FL 32835

*Having been named as registered agent 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.*



**Jahit Kavurt, Registered Agent**

Dated: 05/30/2017

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**ARTICLE V, MEMBERS/MANAGERS**

The name and address of person(s) authorized to manage LLC:

Title: Authorized Member (AMBR)  
TAVSANCIL, HARUN  
6965 Piazza Grande Avenue, Suite 201-L  
Orlando, FL 32835, US

*I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided in s.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.*

  
Harun Tavsancil,  
Authorized Member

Dated: 05/30/2017

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