

L17000143735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

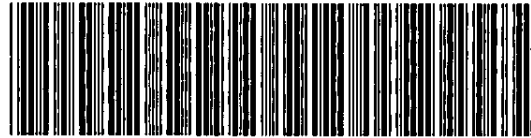
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/29/17--01029--004 **160.00

RECEIVED
17 JUN 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEAN D. HUMMEL

ATTORNEY AT LAW
901 SOUTH FEDERAL HIGHWAY
SUITE 300
FT. LAUDERDALE, FLORIDA 33316
(954) 385-3111
FAX: (954) 653-4171

June 26, 2017

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

Re: Continental Artisan Distributors, LLC

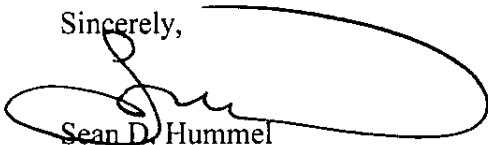
Dear Sir or Madam:

Please find enclosed for acceptance and filing:

1. **Articles of Organization** for Continental Artisan Distributors, LLC; and
2. **Filing Fee** in the amount of \$160 to cover the Filing Fee, Certificate of Status and Certified Copy, together with an additional copy of the Articles of Organization.

If you have any questions or further requirements in connection with the above, please contact my office.

Sincerely,



Sean D. Hummel

enclosures as noted

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CONTINENTAL ARTISAN DISTRIBUTORS, 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:

SEAN D. HUMMEL, ESQ.

Name of Person

LAW OFFICES OF SEAN D. HUMMEL

Firm/Company

901 SOUTH FEDERAL HIGHWAY, SUITE #300

Address

FT. LAUDERDALE, FL 33316

City/State and Zip Code

SEAN@HUMMELAW.COM

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

For further information concerning this matter, please call:

SEAN D. HUMMEL, ESQ.

954

385-3111

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:

CONTINENTAL ARTISAN DISTRIBUTORS, LLC

(Must contain 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:

3701 N.E. 27TH TERRACE
LIGHTHOUSE POINT, FL 33064

Mailing Address:

3701 N.E. 27TH TERRACE
LIGHTHOUSE POINT, FL 33064

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:

SEAN D. HUMMEL, ESQ.

Name

901 SOUTH FEDERAL HIGHWAY, SUITE #300

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

FT. LAUDERDALE FL 33316

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN 29 PM 1:01

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

AMBR, MGR

Name and Address:

CEM YILMAZ KALKAVAN

3701 N.E. 27TH TERRACE

LIGHTHOUSE POINT, FL 33064

AMBR, MGR

ASIL KALKAVAN

3701 N.E. 27TH TERRACE

LIGHTHOUSE POINT, FL 33064

MGR

TAHSIN YILMAZ KALKAVAN

3701 N.E. 27TH TERRACE

LIGHTHOUSE POINT, FL 33064

MGR

LISA ANN KALKAVAN

3701 N.E. 27TH TERRACE

LIGHTHOUSE POINT, FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.

CEM YILMAZ KALKAVAN

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)

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