P. 001/003

7/27/2017

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO.

## KAYNAK LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLOREDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
KAYNA	KLLC
(Must end with the words "I	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
520 BRICKELL KEY DE #1619 HIBMI, FL 33131	R SAME
AKTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as a another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or
The name and the Florida street address of the reg	ristered agent ara:
GAHZ	E KAYNAK Name KELL KEY DR #1619
	Name
Florida street address (P.	O. Box NOT acceptable)
·	<i>- ,</i>
City	FL 33/3/ Zip
the place designated in this certificate. I hereb capacity. I further agree to comply with the pro of my duties, and I am familiar with and occep  Registered Agent	compared to accept service of process for the above stated limited liability company of the accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter 605, F.S
A Property of the Property of	bgeld12 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

The name and address of each person at	•
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AHBR	CAHZE KAYNAK 520 BRICKELL KEY DR #10 HIBHI, EL 33131
MGR	HURAT KAYNAK 520 BRICKELL KEY DR #1 MIAMI, FL 33131
_MGR_	SELIN KAYNAK SZO BRICKELL KEY DR #1
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(Use attachment if necessary)	
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fective date is listed, the date must be sp of filing.) LE VI: Other provisions, if any.	of filing: (OPTIONAL) sciffe and cannot be more than five business days prior to or 90 days after
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REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 6 constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	mber or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document of the pensities of perjury that the facts stated herein are true.  105.0203 (2) (a) (b), Florida Statutes, the execution of this document of the pensities of perjury that the facts stated herein are true.  105.0203 (a) (b), Florida Statutes, the execution of this document of the pensities of perjury that the facts stated herein are true.  105.0203 (a) (b), Florida Statutes, the execution of this document of the pensities of perjury that the facts stated herein are true.  105.0203 (a) (b), Florida Statutes, the execution of this document of the pensities of perjury that the facts stated herein are true.  105.0203 (c)
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