# L17000208916

(Re	equestor's Name)	
(Ad	ldress)	
(	,	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	₽#)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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06/16/17--01013--011 \*\*125.00

FILED

7 OCT -9 PM 3: 25

W1700050825



June 19, 2017

IREM CANSU BAKIR 400 SUNNY ISLES BLVD APT 606 SUNNY ISLES BEACH, FL 33160 US

SUBJECT: BEFORE SUNSET LLC Ref. Number: W17000050825

We have received your document for BEFORE SUNSET LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

JUAN A REYES Regulatory Specialist II

Letter Number: 117A00012379

RECEIVED

17 OCT 10 PM 2: 59

SUBJECT OF PRIMER SHAPE SHAPE

#### **COVER LETTER**

SUBJEC	
	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
lease ret	urn all correspondence concerning this matter to the following:
	Irem Cansu Bakir
	Name of Person
	Firm/Company
	400 Sunny Isles Blvd. Apt. 606
	Address
	Sunny Isles Beach, FL 33160
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further	information concerning this matter, please call:
	Irem Cansu Bakir 619 977-5245
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\int \text{\$\subset\$\$130.00 Filing Fee & Certificate of Status}\$\int \text{\$\subset\$\$Certified Copy}\$\int \text{\$\text{Certified Copy}\$}\$\int \text{\$\text{Certified Copy}\$}\$\int \text{\$\text{Certified Copy}\$}\$\int \text{\$\text{Certified Copy}\$}\$

#### 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

Before Sunset LL		<del></del>		
(Must co	ontain the words "Limited L	iability Company, "l	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal off	ice of the Limited L	iability Company is:	
Pring	cipal Office Address:		Mailing Address:	
400 Sunny Isles B	Blvd.	400 St	unny Isles Blvd.	
Арт. 606		Apt. 6	06	
Sunny Isles Beach	n, FL 33160	Sunny	isles Beach, FL 33160	
The name and the Florida stre	an active Florida registration eet address of the registered a	.)	ou must designate an individual	OF
-	eet address of the registered a	.) agent are:		17 00 SULE FACILIE
-	eet address of the registered a	.)		17 OCT SCURICE RACLARIA
-	trem Cansu Bakir	ngent are:		17 OCT SCURICE RACLARIA
-	eet address of the registered a	.) agent are: Name Apt 606		17 OCT -9 SELEN FRY RACI AHASSI
-	Irem Cansu Bakir 400 Sunny Isles Blvd.	.) agent are: Name Apt 606		17 OCT -9 PM SECRECARY OF PALLAHASSICA
-	Irem Cansu Bakir  400 Sunny Isles Blvd. Florida street address	.) Agent are: Name Apt 606 (P.O. Box NOT acc	eptable)	17 OCT -9 PM

(CONTINUED)

. ARTICLE IV-

"AMBR" = Authorized Member "MGR" = Manager MGR  Irem Cansu Bakir  400 Sunny Isles Blvd, Apt 606 Sunny Isles Beach, FL 33160		<del>-</del> -
MGR Irem Cansu Bakir 400 Sunny Isles Blvd, Apt 606		_ _ _
400 Sunny Isles Blvd, Apt 606		- - -
Sunny Isles Blvd, Apt 606 Sunny Isles Beach, FL 33160		<b>-</b> -
Sunny Isles Beach, FL 33160		_
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(Use attachment if necessary)		25
ICLE V: Effective date, if other than the date of filing:	IONALI	
n effective date is listed, the date must be specific and cannot be more than five business days pate of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	prior to or 9	•
ICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
( literal		_
Signature of a member or an authorized representative of a memb	ег.	
Signature of a member or an authorized representative of a member of an authorized representative of a member of a member of a member of an authorized representative of a member of an accordance with section 605.0203 (1) (b), Floral and a member of an authorized in a document to the Department of th	rida Statutes	s.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)