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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: IKay@vienstour.com

FLORIDA LIMITED LIABILITY CO.
ADAM2018 LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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2018 FEB 28 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ADAM2018 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:

16957 SW 92ND STREET CIRCLE
MIAMI, FL 33196

Mailing Address:

SAME

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:

MARTHA MANNELLA

Name

8300 NW 53RD ST, SUITE 102

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

MIAMI

FL

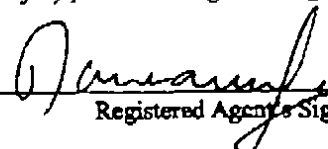
33166

City

State

Zip

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..

x 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MELI SAHIOZ AMBR

MUNIR NURETTIN SELCUK CADDESİ
KALAMIS KÖRÜ SİTESİ 5/4
KADIKÖY-İSTANBUL-TURKIYE

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/27/2018 (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:

X


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.

MELIH SAHIOZ

Typed or printed name of signer