Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document

(((H19000008205 3)))



H190000082053ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone Fax Number

: (305)444-4994 : (305)444-4977

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

Email Address:__

FLORIDA LIMITED LIABILITY CO. DALGIC LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

ڢ

FILED
2019 JAN -8 AM 9: 23
SECRETARY OF STATE
ALLAHASSEE, FLORIG

SECRETARY C FALL AHASSEE
THE PROPERTY OF THE PROPERTY O
ARTICLE I - Name: The name of the Limited Liability Company is:
 DALGIC LIC
(Must end with 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: Mailing Address:
520 Brickell Ken Dr (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 Florids street address of the registered agent are:
ESRA DALGIC
520 Brickell Kay Dr #191619 Florida street address (P.O. Box NOT acceptable)
Hi ami FL 331.31 City 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 critificate, I hardly accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of distances relating to the proper and complete performance of my distinct, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Ecra Dalgic
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

	The name and address of each nerson and	The name and address of each person anthorized to manage and control the Limited Liability Company:	
		·	
	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address	
<i>:</i>	MGR	ESRA DALGIC SO Brickell You Dr #71619 Micros Fl 33131	
	<u>MGR</u>	ASLL DALGIC SERPIL SZO Brichell Key Dr #41619 HIGHER TOTAL	
	(Use attachment if necessary)		
	ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specitive date of filing.)	filing: (OPTIONAL) file and cannot be course than five business days prior to ar 90 day fairer	
	ARTICLE VI: Other provisions, if any.	AREA SE T	
		∞∞	
	REQUIRED SIGNATURE:		
	Eora Day	gio Ping N 9: 2	
	Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated heroin are true. 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 9.817.155, F.S.)		
	<u>ES</u>	RA DALGIC yped or printed name of signee	
	-	Free Freeze datab Ot MANGE	

Page 2 of 2