L19000056387

Florida Department of State
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.

(((H19000076665 3)))

H190000766653ABC7

**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 : (305)444-4994
Fax Number : (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.**
**MELISSA GROUP LLC**

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

FILED
2019 MAR -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MELISSA GROUP LLC
(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:
520 Brickell Key Dr
#A1619
Miami, FL 33131

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:

MUNEVVER AYDIN
Name

520 Brickell Key Dr #A1619
Florida street address (P.O. Box NOT acceptable)

Miami FL 33131
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 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.*

Munevver Aydin
Registered Agent's Signature (REQUIRED)

(CONTINUED)



FILED
2019 MAR -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| MGR | MUNEVVER AYDIN<br>520 Brickell Key Dr #A1619<br>Miami, FL 33131 |
| MGR | PERVIN TOPBAS<br>520 Brickell Key Dr #A1619<br>Miami, FL 33131 |
| | |
| | |

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE

Muneever Aydin

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 herein 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 s.817.155, F.S.)

MUNEVVER AYDIN
Typed or printed name of signee