## Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations	17E	385
	Fax Number : (850)617-6381	=	OK.

From:

:...

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146
Phone : (305)444-4994
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## FLORIDA LIMITED LIABILITY CO. ATES INVESTMENTS LLC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

:

## ARTICLES OF ORGANIZATION FOR FLORIDAL DITTED LIABILITY COMPANY

The name of the Limited Liability Company is:
PIES INVESTMENTS 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: Malling Address:
520 Brickell Vey Dr Some
1710mi + 2 33/3/
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 Floridz street address of the registered agent are:

Name

Name

SZO Brickell Key Dr #471619

Florida street address (P.O. Box NOT accordable)

Hiomi FL 33131

City Zig

Having oven named as registered agent and to accept service of process for the chove stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act be 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 egent as provided for in Chapter 605, F.S..

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Page 1 of 2

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19 MAR -8 AH II: SE

AKAICLE 19.	
The name and address of	each person authorized to manage and control the Limited Linbility Company:
<u>Title:</u> "AMBR" = Authorized M	Name and 141
MGR" - Manager MGR	OHER TOYGHR ATES 20 Brickell Ley Do #19/6/9 Elican FL 33/37 20 Brickell Ley 5 4016/9
(Use attachment if necessar	
ARTICLE V: Effective date, if other (U an effective date is listed, the dat the date of filing.)	than the doic of filing (OFTIONAL) te must be specific and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if an	· ·
REQUIRED SIGNATURE	C:
•	Omer Toygar Ates Sychiation Sychiation

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 barein 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 a.817.155, F.S.)

OHER TOYGAR ATES

Typed or printed name of signee

Page 2 of 2