Division of Corporations.... Electronic Filing Cover Sheet

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Division of Corporations

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mail	Address:	

# FLORIDA LIMITED LIABILITY CO. **BENDERLILLC**

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

Electronic Filing Menu Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BENDERLILLC

(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:

Mailing Address:

520 BRICKELL KEY DR # A1619 MIAMI, FL 33131

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.

ZEHRA AYLIN BENDERLIOGLU

Name

520 BRICKELL KEY DR # A1619

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

 MIAMI
 FL
 33131

 City
 State
 7 in

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.,

Registered Agent's Signature (REOURED)

(CONTINUED)

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ANTHONE TIME		<u>.</u>	
ARTICLE IV- The name and add	ess of each person authorized	to manage and control the Limited Lia	bility Company:
Title: "AMBR" = Autho		Name and Address:	
"MGR" = Manage MGR	ZEF	IKA AYLIN BENDERLIOGLU BRICKELL KEY DR #A1619	
		AMI, FL 33131	
MGR	520	HMET SALTUK BENDERLIOGLU BRICKELL KEY DR #A1619 AMI. FL 33131	
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	-		<u> </u>
(Use attachment i	necessaryj		ia ie orida
ARTICLE V: Effective da	, if other than the date of filing	:	(OPTIONAL)
the date of filing.) Note: If the date inserted	this block does not meet the	d cannot be more than five business of applicable statutory filing requirement	
	e on the Department of State	's records.	
ARTICLE VI: Other provi	ons, if any.		

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

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.

# ZEHRA AYLIN BENDERLIOGLU

Typed or printed name of signee

#### Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)