Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

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

Email Address:_CORPORATE@ZKSLAWFIRM.COM

FLORIDA LIMITED LIABILITY CO. TRV TECH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Help

Enclosed is a check for the following amount:

■\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TRV TECH, 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:

Mailing Address:

10632 SUNRISE TERRACE DRIVE
ORLANDO, FL 32825

ORLANDO, FL 32825

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:

CHRISTINE L: WEINGART

Name

315 E ROBINSON STREET, SUITE 600

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

ORLANDO FL 32801

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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(((H200003585593)))

Title:	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager	
MGR	KORAY N. SEYITHANOGLU
	10632 SUNRISE TERRACE DRIVE
	ORLANDO, FL 32825
MBR	Ali Suleyman Uyar
	260 East Rio Salado Pkwy
	Tempe, AZ 85281
MBR	
	Crossroads Managment & Trade Services, LLC
	10632 Sunrise Terrace Drive Orlando, FL 32825
	Official (1 C Veges
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Use attachment if necessary)	
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EV: Effective date, if other than to ctive date is listed, the date must filling.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. Signature: This document is a maware that a constitutes a third	the specific and cannot be more than five business days prior to or 90 cs not meet the applicable statutory filing requirements, this date will not rement of State's records. 14 October 2020 - 10 cs a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. By false information submitted in a document to the Department of State.

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