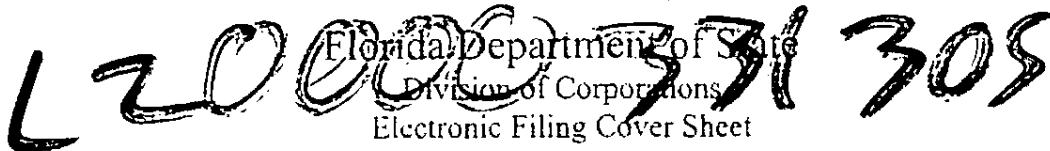


10/26/2020

Division of Corporations



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FLORIDA LIMITED LIABILITY CO.  
COSMOVA USA LLC

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### **Articles of Organization**

*State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:*

#### **Article I - NAME**

The name of the Limited Liability Company is as follows: COSMOVA USA LLC

#### **Article II - TYPE**

The entity being formed is a Limited Liability Company.

#### **Article III - ADDRESS**

The initial street address (principal office address) for the Limited Liability Company are as follows:

Limited Liability Company Address:

9000 NW 44 Street, Suite 204

Sunrise, FL 33351

The mailing address for the limited liability company are the same.

#### **Article IV - REGISTERED AGENT INFORMATION**

The name and address of the registered agent are as follows:

Shaban Malik

3408 W 84th Street

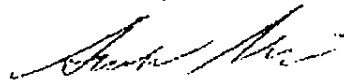
Suite 106

Hialeah, FL 33018

The street address and the mailing address of the registered agent are the same.

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,

Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



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*Signature of Registered Agent*

#### **Article V - STRUCTURE**

This limited liability will have the following members and be member-managed:

- **FATIH COSAR**

9000 NW 44 Street, Suite 204  
Sunrise, FL 33351

*Member*

- **FURKAN BAYOGLU**

9000 NW 44 Street, Suite 204  
Sunrise, FL 33351

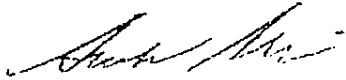
*Member*

#### **Article VI - EFFECTIVE DATE**

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

#### ***EXECUTION***

**Signature of organizer:**



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Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

*This document is executed in accordance with section 605.0293 (1) (b), Florida Statutes. 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.*