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(Re	equestor's Name)	
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COVER LETTER

Division of Corporations		رن درن
Bourbon Leather Company		
SUBJECT: Name of Lin	mited Liability Company	1 [5]
The content Amirles of Occasions and forter	an authorised for Alina	
The enclosed Articles of Organization and fce(s) and	re submitted for ming.	:: 2
Please return all correspondence concerning this m	atter to the following:	20
Firat Sumbay		
	Name of Person	
	Firm/Company	
8838 39th Street Cir E		
•	Address	
Parrish, FL 34219		
FSumbay@hotmail.com	City/State and Zip Code	
	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Freddy Sumbay 3	86 589-5606	
	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	Filing Fee, of Status & opy opy is enclosed)
Mailing Address	Street Address	
New Filing Section	New Filing Section Division	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Tallahassee, FL 32314	Tallahassee, FL 32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Bourbon Leather Company, 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: Bourbon Leather Company, LLC. Bourbon Leather Company, LLC. 8838 39th Street Cir E 8838 39th Street Cir E Parrish, FL 34219 Parrish, FL 34219 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: Firat Sumbay Name 8838 39th Street Cir E Florida street address (P.O. Box NOT acceptable) Parrish

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..

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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 "MGR" = Manager	
.	
AMBR	Firat Sumbav 8838 39th Street Cir E
	Parrish, FL 34219
	
	
If an effective date is listed, the date must be speci he date of filing.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
I am aware that any false in	I in accordance with section 605.0203 (1) (b), Florida Statutes. Iformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.
Firat Sumbay	
	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)