Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001165203)))



H220001165203ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

Hater the email address for this business entity to be used for future $\mathbb S$ annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. AYSUN LLC

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

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
AYSUN 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 t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
520 BRICKELL KEY DR	•
#A1619	SAME
MIAMI, FL 33131	
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	re:
MINE AYSUN	

Name 520 BRICKELL KEY DR #A1619 Florida street address (P.O. Box NOT acceptable) Zip City State

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. J. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutie and l 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)

gotop signature verification: others in OGSA-Re vi Odsy

ARTICLE IV-

Title:	Name and Address:	
"AMBR" = Authorized Membe		
"MGR" = Manager		
AMBR	ERKIN AYSUN	
	520 BRICKELL KEY DR #A1619	
	MIAMI, FL 33131	
AMBR	MINE AYSUN	
100000	520 BRICKELL KEY DR #A1619	
	MIAMI, FL 33131	
AMBR	MUGE METIN	
	520 BRICKELL KEY DR #A1619	
	MIAMI, FL 33131	
	<u> </u>	
MGR	GULCIN MORELLO (C)	; ? :
	520 BRICKELL KEY DR #A1619 MIAMI, FL 33131	:
	MIAMI, FL 33[3]	!
	<u> </u>	
(Use attachment if necessary)	m _o	
	<u> </u>	
CLE V: Effective date, if other tha	in the date of filing: (OPTIONAL)	•
	nust be specific and cannot be more than five business days prior to என்ற	
te of filing.)	does not meet the applicable statutory filing requirements, this date will not l	
cument's effective date on the De		110 111
realistic 3 checave due on the De	partition of bailty 3 records.	
CLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
	Mine Ayoun Got Man Man Got Man	
	Mine Lyoun City Bes AND SITE AND	

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 constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

MINE AYSUN

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)