

L22000453370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

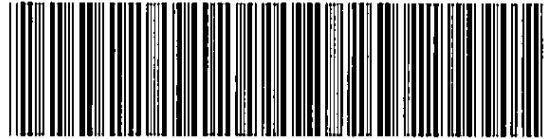
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TALLAHASSEE, FL 32309

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gul Otomotiv USA LLC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

_____ Art of Inc. File _____
_____ LTD Partnership File _____
_____ Foreign Corp. File _____
_____ L.C. File _____
_____ Fictitious Name File _____
_____ Trade/Service Mark _____
_____ Merger File _____
_____ Art. of Amend. File _____
_____ RA Resignation _____
_____ Dissolution / Withdrawal _____
_____ Annual Report / Reinstatement _____
_____ Cert. Copy _____
_____ Photo Copy _____
_____ Certificate of Good Standing _____
_____ Certificate of Status _____
_____ Certificate of Fictitious Name _____
_____ Corp Record Search _____
_____ Officer Search _____
_____ Fictitious Search _____
_____ Fictitious Owner Search _____
_____ Vehicle Search _____
_____ Driving Record _____
_____ UCC 1 or 3 File _____
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**ARTICLES OF ORGANIZATION
OF
GUL OTOMOTIV USA LLC**

ARTICLE I, NAME

The name of the Limited Liability Company is:

GUL OTOMOTIV USA LLC

ARTICLE II, PRINCIPAL OFFICE

The street address of the principal office and the mailing address of the Limited Liability Company is:

6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

The mailing address of the Limited Liability Company is the same.

ARTICLE III, PURPOSE

The Limited Liability Company is organized for the following purpose:

Any and all legal business activities.

ARTICLE IV, REGISTERED AGENT

The name and Florida street address of the registered agent is:

Name: AYDIN BOYRAZ

Address: 37 North Orange Avenue, Suite 500, Orlando, FL 32801

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 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.

Registered Agent Signature:



ARTICLE V, INITIAL OFFICERS AND MANAGERS

Name and Title: HASAN DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: RECEP DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: RAMAZAN DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: NEZIHA DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: MERVE DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: AYSEGUL DEMIRCI, AMBR
Address: 6965 Piazza Grande Avenue, Suite 412, Orlando, FL 32835

Name and Title: AYDIN BOYRAZ, Manager
Address: 37 North Orange Avenue, Suite 500, Orlando, FL 32801

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I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

Signature of member or an authorized representative:



AYDIN BOYRAZ