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10/27/22, 11:05 AM

Division of Corporations

**Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
GUMUSGERDAN LLC**

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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

AMBRVEDAT GUMUSGERDAN
465 BRICKELL AVE #816
MIAMI, FL 33131AMBRCAGLA GUMUSGERDAN
465 BRICKELL AVE #816
MIAMI, FL 33131MGRCAN HAYRI GUMUSGERDAN
465 BRICKELL AVE #816
MIAMI, FL 33131MGRDOGA GUMUSGERDAN
465 BRICKELL AVE #816
MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:***Vedat Gumusgerdan*dotloop verified
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BWER-MK02-30141-YAOP

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.

VEDAT GUMUSGERDAN

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)

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