

L23000149807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

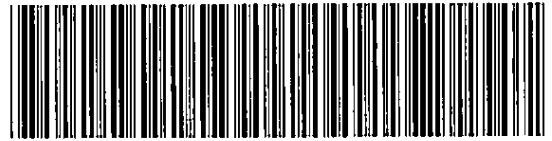
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/10/23--01019--007 **160.00

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2023 MAR 10 AM 4:32
CLERK OF DISTRICT COURT
TALLAHASSEE FL



UGK Partners LLC

Umit Agbaba

4959 International Dr. Suite 1F03
Orlando, FL 32819

Ph: 843-742-8122

Ref: Articles of Organization – UGK Partners LLC

Check 1330 \$160.00

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UGK PARTNERS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

UMIT AGBABA
Name of Person
Firm/Company
PO BOX 1583
Address
MYRTLE BEACH, SC 29578
City/State and Zip Code
LIZ@NITORVENTURES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LIZ SOTO at (843) 213-1314
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UGK PARTNERS 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:

4959 INTERNATIONAL DR SUITE 1F03
ORLANDO, FL 32819

Mailing Address:

4959 INTERNATIONAL DR SUITE 1F03
ORLANDO, FL 32819

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:

UMIT AGABA

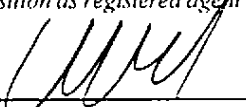
Name

4959 INTERNATIONAL DR SUITE 1F03

Florida street address (P.O. Box **NOT** acceptable)

<u>ORLANDO</u>	<u>FL</u>	<u>32819</u>
City	State	Zip

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.

 3/11/2023
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FL

(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

UMIT AGBABA
PO BOX 1583
MYRTLE BEACH, SC 29578

AMBR

GOKHAN YAVUZ
3372 PEACHTREE RD NE UNIT 3303
ATLANTA, GA 03326-1920

AMBR

KURTULUS TURANLI
1152 BALVAIRD DR
LAWRECEVILLE GA 30045

AMBR

UMIT MURAT TORUNOGULLARI
PO BOX 8736
MYRTLE BEACH, SC 29578

(Use attachment if necessary)

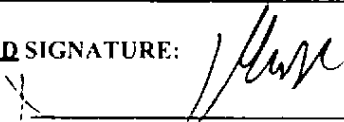
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



3/01/2023

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.

UMIT AGBABA

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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MAR 10 AM 11:32
TALLAHASSEE
FLORIDA DEPARTMENT OF STATE