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.

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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

Enter the email address for this business entity to be used for future> annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. DOGRUYOL LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

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ARTICLES OF O	PRCANIZATION FOR FLO	ORIDA LIMITED LIARIE	TEV COMPANY
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ARTICLE I - Name: The name of the Limited Liability Company is:

DOGRUYOL LLC

(Must contain the words "Limited Ltability 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:
2020 NE 163RD ST	
STE 202 E	SAME
NORTH MIAMI BEACH, FL 33162	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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:

EMINE ESRA DOG	RUYOL	
	Name	
2020 NE 163RD ST	STE 202 E	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
NORTH MIAMI BE	ACH FL	33162
City	State	7ip

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 608, F.S.,



(CONTINUED)



To

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	EMINE ESRA DOGRUYOL 2020 NE 163RD ST STE 202 E NORTH MIAMI BEACH, FL 33162
AMBR	MUSTAFA DOGRUYOL 2020 NE 163RD ST STE 202 E NORTH MIAMI BEACH, FL 33162
MGR	GULCIN MORELLO 2020 NE 163RD ST STE 202 E NORTH MIAMI, BEACH, FL 33162
(Use attachment if necessary)	
ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.) If the date inserted in this block does not be at the confection of the	date of filing:
ICLE V: Effective date, if other than the conference date is listed, the date must be ate of filing.) If the date inserted in this block does no ocument's effective date on the Departm	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be li
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)