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Division of Corporations

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Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
BLUE BUTTERFLY HOMES LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

Articles of Organization

State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla. Stat.:

Article I - NAME

The name of the Limited Liability Company is as follows: **BLUE BUTTERFLY HOMES LLC**

Article II - TYPE

The entity being formed is a Limited Liability Company.

Article III - ADDRESS

The street address (principal office address) for the Limited Liability Company are as follows:

5300 W. Hillsboro Blvd., Suite 218

Coconut Creek FL 33073

The mailing address for the limited liability company are the same.

Article IV - REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Shaban Malik

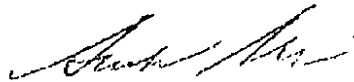
9000 NW 44th STREET

SUITE 204

SUNRISE, FL 33351

The street address and the mailing address of the registered agent are the same.

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, Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



Signature of Registered Agent

Article V - STRUCTURE

This limited liability will have the following members and be member-managed:

- LEMI OZTURKKAN

5300 W. Hillsboro Blvd., Suite 218
Coconut Creek FL 33073

Member-Manager

- BERRIN DILEK ENGIN OZTURKKAN

5300 W. Hillsboro Blvd., Suite 218
Coconut Creek FL 33073

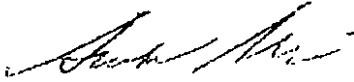
Member-Manager

Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

EXECUTION

Signature of organizer:



Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

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.

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