

5/6/24, 11:33 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
KAYRA PROPERTIES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**\*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: KAYRA PROPERTIES 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:

Limited Liability Company Address:

5300 W. Hillsboro Blvd

Suite 218

Coconut Creek, FL 33073

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

**Article IV - REGISTERED AGENT INFORMATION**

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

Shaban Malik

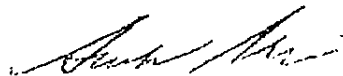
9000 NW 44<sup>th</sup> Street

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.



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*Signature of Registered Agent*

#### Article V - STRUCTURE

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

- AHMET HAKAN GONEY

5300 W. Hillsboro Blvd

Suite 218

Coconut Creek, FL 33073

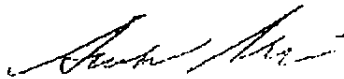
*Manager-Member*

#### 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:



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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.*