To: 18506176383 Page: 1/3 Fax: 8134365206 11/15/202#05:22:46.PST

## Type the fax<sup>t</sup> ige and use it as a cover she of the document. the top and bottom of all pag below) (((H240003798343)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

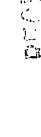
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO.

## Craft Rosaries LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	₹T	TC	LE	1 -	Name:
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The name of the Limited Liability Company is:

Craft Rosaries LLC	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	Mailing Address:
7901 4th St N #24497	7901 4th St N #24497
St. Petersburg, Fl. 33702	St. Petersburg, Fl. 337 <u>02</u>

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:

Northwest Register	ed Agent LLC	
	Name	
7901 4th St N STE	300	
Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)
St. Petersburg	FL	33702
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Titlei		Name and Address:
"AMBR" = Au	thorized Member	
"MGR" = Mar	ager	
AMBR		GUNES, MUSTAFA EMRE
<u> </u>		7901 4th St N #24497
		St. Petersburg, FL 33702
	<del></del>	
	<del></del>	
(Use attachme:	date, if other than the date of	of filing: <u>11/15/2024</u> (OPTIONAL)
ICLE V: Effective of effective date is litate of filing.)	date, if other than the date of sted, the date must be spected in this block does not me date on the Department of	cific and cannot be more than five business days prior to or 90 day cet the applicable statutory filing requirements, this date will not be
TCLE V: Effective in effective date is li- late of filing.) E: If the date insert- locument's effective TCLE VI: Other pro-	date, if other than the date costed, the date must be specied in this block does not me edate on the Department opvisions, if any.	cific and cannot be more than five business days prior to or 90 day cet the applicable statutory filing requirements, this date will not be
TCLE V: Effective in effective date is li- late of filing.) E: If the date insert- locument's effective TCLE VI: Other pro-	date, if other than the date of sted, the date must be spected in this block does not me e date on the Department of pvisions, if any.	cific and cannot be more than five business days prior to or 90 day cet the applicable statutory filing requirements, this date will not be if State's records.
TCLE V: Effective in effective date is li- late of filing.) E: If the date insert- locument's effective TCLE VI: Other pro-	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a men This document is execute I am aware that any false.	cific and cannot be more than five business days prior to or 90 day cet the applicable statutory filing requirements, this date will not be if State's records.
TCLE V: Effective in effective date is li- late of filing.) E: If the date insert- locument's effective TCLE VI: Other pro-	date, if other than the date of sted, the date must be specied in this block does not me e date on the Department of ovisions, if any.  Signature of a men This document is execute I am aware that any false.	cific and cannot be more than five business days prior to or 90 day cet the applicable statutory filing requirements, this date will not be if State's records.  The contact of an authorized representative of a member, and in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)