# 11/0000000442

(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:

Office Use Only



100163679211

100163679211 01/07/10-01030-009 \*\*180.00

T. CLINE

FEB - 2 2010

EXAMINER

SECRETARY OF STATE

0 FEB - 1 PM 1:5





January 8, 2010

OMER GULTEK 5864 S 129TH EAST AVE TULSA, OK 74134

SUBJECT: ATLANTIC SUNGLASSES LLC

Ref. Number: W1000000889

We have received your document for ATLANTIC SUNGLASSES LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II Letter Number: 110A00000620

#### **COVER LETTER**

	tration Section on of Corporations			
SUBJECT: _	<del> </del>	C SUNGLASSES LLC		
	Nam	ne of Limited Liability Company		
		lity Company for Authorization to Transact Business in Florove referenced foreign limited liability company to transact		
Please return a	Il correspondence concerning this mat	tter to the following:		
		OMER F GULTEK		
		Name of Person		
	A			
	ATLA	ANTIC SUNGLASSES LLC		
		Firm/Company		
	58	64 S 129TH EAST AVE		
		Address	+ <del></del>	
		TULSA,OK 74134		
		City/State and Zip Code		
	OGULT	EK@SUNNYSHADES.COM		
	E-mail address: (to	o be used for future annual report notification)	 Es-2	
For further inf	ormation concerning this matter, pleas	ي ۾ ان جي se call: ان جي ان جي ان جي ان جي ان جي جي ان جي		
	, , , , , , , , , , , , , , , , , , , ,			16 · F
	OMER F GULTEK	at ( 918 ) 8126785 🚧		Ann and the state of the state
	Name of Person	Area Code & Daytime Telephone Number	: : -o	[7]
MAI	LING ADDRESS:	STREET ADDRESS:		يون مقد م م
Divis	ion of Corporations	Division of Corporations	; ; ; ;	*186.4
	tration Section	Registration Section	r: 3	
	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is	a check for the following amou	nt:		
<u> </u> \$1	25.00 Filing Fee \$130.00 Filing Certificate o			

#### To Whom It May Concern:

We as owner of Atlantic sunglasses LLC, adopted the alternate name for the purpose of transacting business in Florida as Sunny Shades LLC.

01/01/2010

Omer F Gultek

2010 FEB - 1 PH 1: 57

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ATLANTIC SUNGLASSES LLC  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.	<u>.T.C.,,)</u>
SUNNY SHADES LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a consent of the managers or managing members adopting the alternate name. The alternate name must include "Lin Company," "L.L.C," "LLC.")	
2. OKLAHOMA 3. 06-1832607  (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	<del></del>
4. 09/23/2009 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company wiexist or "perpetual")	ill cease to
6. 1/1/2009	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 5864 S 129TH EAST AVE	
TULSA,OK 74134	
(Street Address of Principal Office)	1 63
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows	vs:
OMER F GULTEK 5864 S 129 EAST AVE TULSA,OK 74134	
MECIT BALCI 5864 S 129 EAST AVE TULSA,OK 74134	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having cuthe jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign lattranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
RETAIL SALE OF SUNGLASSES	·
	<del></del>
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	
OMER F GULTEK	
Typed or printed name of signee	

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
ATLANTIC SUNGLASSES LLC
If unavailable, the alternate to be used in the state of Florida is:  SUNWY SHADES SUNWASSES
2. The name and the Florida street address of the registered agent and office are:
PANKAT AROLA (Name)
(Name)  5444 ESPLANADE PARK CIRCLE Apt # 2307  Florida Street Address (P.O. Box NOT ACCEPTABLE)  Ouwno FL 32839  City/State/Zip
OLIANDO FL 32839
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, Florida Statutes.
(Signature)
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

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

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>ATLANTIC SUNGLASSES LLC</u> whose registered agent is <u>OMER F GULTEK</u>, with its registered office at <u>5864 S 129 East ave Tulsa 74134 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 22nd, day of January, 2010.

Secretary Of State

M. hisan lavage