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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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SECRETARY OF STATES
TALLAHASSEE: ELORIDA

C. LEWIS

Mayle, 2011

EXAMINER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2011

IZZET I. YAGIZ / APPLIED DATABASE LLC 18119 EMERALD BAY ST TAMPA, FL 33647

SUBJECT: APPLIED DATABASE LLC

Ref. Number: W11000020557

We have received your document for APPLIED DATABASE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is 111000033718.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 011A00008837

#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: APPLIED DATABASE LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
T22ET Z. YAGIZ  Name of Person
Name of Person
Firm/Company
18/19 EMERALD BAY ST
Address
18/19 EMERALD BAY ST  Address  TAMPA FL 33647  City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FATEH     ZRAK     at ( 8/3 )     973 - 1363       Name of Person     Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{\text{S125.00 Filing Fee}} \int_{\text{S130.00 Filing Fee}} \int_{\text{Certificate of Status}} \int_{\text{Certified Copy}} \int_{\text{S155.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \int_{\text{S160.00 Filing Fee}} \int_{\text{Certified Copy}} \int_{\text{S160.00 Filing Fee}} \i

FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

P.O. BOX 6327 TALLAHHASSEE, FL 32314

Re: l11000033718 document number of the name conflict



Dear Carolyn Lewis,

I am writing this letter to state that I, Izzet I. Yagiz, have no intention of revoking the dissolution of Applied Database LLC, therefore I would like your department to release the name of Applied Database LLC for use to another entity.

Sincerely,

Izzet I. Yagiz

Applied Database LLC 18119 Emerald Bay St.

Tampa, FL 33647

Tel: 425-466-5018

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

		TTON 608.503, FLORIL TTO TRANSACT BUSIN		IE FOLLOWING IS SUBMIT EOFFLORIDA:	TTED TY) REGISTER A	FOREIG
Nar	me of Foreign Limi	led Liability Company	; must include "I	imited Liability Company,"	"L.L.C.," or "LLC.")	
consent of				ransacting business in Floric name. The alternate name m		
			- / -	71 0001	C00	
(Jurisdiction)	tion under the law of is organized)	of which foreign limite	d liability	74 - 29813 (FEI number, if a	applicable)	
1	12/27	/ 2000	5	PIRDI	71.04	
T	(Date of Org.	/ 2000 anization)	J. (	Duration: Year limited liabil xist or "perpetual")	ity company will cease t	υ
6		NONE	/ NA	if prior to registration.) termine penalty liability)		FO.
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					**************************************	1
	IAMT	9 EL (Str	et Address of Pr	z ncipal Office)	<u> </u>	
9. The na				g members or managers	<i>P</i>	S. S. S.
		<u></u> *	THUEL			
	GOKA	AN KIR	M121606			
the jurisdict	ion under the law of	· ·	A photocopy is n	old, duly authenticated by the cot acceptable. If the certificate.)	<u> </u>	
11. Natu	ire of business or	purposes to be co	nducted or pro	moted in Florida:		
***	SOFTWA	RE DEVE	CPMEN?	AND CON-SE	LTING	<del></del> '
	(In accordance penalties of pe	mature of a member with section 608 408(3), ijury that the facts stated the Department of State	F.S., the execution herein are true. I a e constitutes a th	ned representative of a softhis document constitutes and maware that any false informed degree felony as provided	affirmation under the mation submitted in a d for in s.817.155, F.S.)	
			57 I	YAGIZ ne of signee		
		Typed	or printed nar	ne of signee		

#### 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:		
APPLIED DATABASÉ LAC	_	
If unavailable, the alternate to be used in the state of Florida is:		
APPLIED DATABASE TECHNOLOGIES LLC		
2. The name and the Florida street address of the registered agent and office are:	2011 151	-fo
	NY -8	
(Name)		The contract of the contract o
18119 ENELALD BAY ST  Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE S.	جي
	jm 44-	
TAMIA FL 33647  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 608, Florida Statutes.

\$ 100:00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

APPLIED DATABASE LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 12/27/2000.

I FURTHER CERTIFY that as of the date of this certificate, APPLIED DATABASE LLC remains active and has complied with the filing requirements of this office.

Date: March 31, 2011

UBI: 602-088-416

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11. E. F.

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

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Sam Reed, Secretary of State