# M110000004211

(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

G. MCLEOD

AUG 23 2011

EXAMINER



800210571488

08/22/11--01029--016 \*\*130.00

TI AUG 22 AM II: 45

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FEEA VOTVS LLC  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:
Emre Kac Name of Person
Feza Varys LLC Firm/Company
Santa Wonica CA 90401 City/State and Zlip Code
E-mail address: (No be used for future annual report notification)
For further information concerning this matter, please call:
Melinda Jelfrich at ess use 3397 est 1  Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\int_{125.00}\$ \text{Filing Fee} \text{ \$\int_{155.00}\$ Filing Fee & Certificate of Status}  \$\int_{155.00}\$ \text{Filing Fee & Certificate of Status}  \$\int_{155.00}\$ \text{Filing Fee & Certificate of Status}

#### 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. Feza Varns LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. New York (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)
4. Der Mon 157 2006  (Date of Organization)  5. Der Dutto  (Duration: Year limited liability company will cease to exist or "perpetual")
6
7. S400 NW 30th : Avenus
++. Landudal Fl 33309 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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:
Emre Koc
150s 44nst # 203
Santa Monica CA 90401
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Wholesale Harms
Signature of a member or an authorized representative of a member.
(In accordance with section 608.405(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts dated herein are true. 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.)
Emre Kor
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:
Feza Yarns, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Emre Kec
SACO NW 310th Avenue  Florida Street Address (P.O. Box NOT ACCEPTABLE)
Ft. Laudendale FL 33309 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.  (Signature)

Filing Fee for Application

**Certified Copy (optional)** 

\$ 30.00

5.00

**Designation of Registered Agent** 

**Certificate of Status (optional)** 

## State of New York Department of State } ss:

I hereby certify, that FEZA YARNS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/23/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of August two thousand and eleven.

( not they in

First Deputy Secretary of State