

M17000003565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Rec. eus via email  
4/27.

~~M17 18256~~

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03/02/17--01024--008 \*\*390.00

FILED  
2017 APR 27 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

M. MILLIGAN

APR 27 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2017

ACE NETUS, LLC  
ATTN: ONUR AKSOY  
1701 NW 93 AVE, STE 2  
DORAL, FL 33172

SUBJECT: ACE NETUS, LLC  
Ref. Number: W17000018256

We have received your document for ACE NETUS, LLC and your check(s) totaling \$390.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 217A00004099

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ACE NETUS, 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:

ONUR AKSOY

\_\_\_\_\_  
Name of Person

ACE NETUS, LLC

\_\_\_\_\_  
Firm/Company

1701 NW 93 AVE SUITE 2

\_\_\_\_\_  
Address

DORAL, FL 33172

\_\_\_\_\_  
City/State and Zip Code

ACCOUNTING@PRONETWORKUS.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ONUR AKSOY

201

335-9251

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact 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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ACE NETUS LIMITED LIABILITY Company  
(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. The alternate name must include "Limited  
Liability Company," "L.L.C." or "LLC.")

2. NEW JERSEY 3. 47-1677451  
(Jurisdiction under the law of which foreign limited liability (FEL number, if applicable)  
company is organized)

4. 03/01/2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1701 NW 93 AVE SUITE 2 DORAL, FL 33172  
(Street Address of Principal Office)

6. 1701 NW 93 AVE SUITE 2 DORAL, FL 33172  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CLAUDE CHARLES  
Office Address: 1701 NW 93 AVE SUITE 2  
DORAL, Florida 33172  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and  
accept the obligations of my position as registered agent.

(Signature)  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ONUR AKSOY, MGR. 1701 NW 93 AVE SUITE 2 DORAL, FL 33172

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath  
of the translator must be submitted)

(Signature)  
Signature of an authorized person

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.

ONUR AKSOY

Typed or printed name of signee

FILED  
2017 APR 27 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

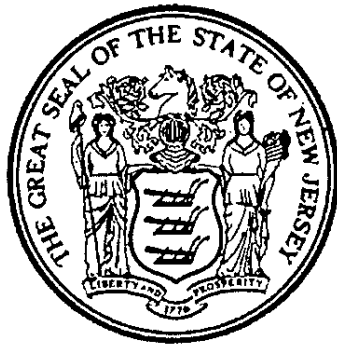
**ACE NETUS LIMITED LIABILITY COMPANY**  
0400683019

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 26, 2014.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

SERKAN OZTURK  
1181 EDGEWATER AVENUE  
RIDGEFIELD, NJ 07657



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
26th day of April, 2017

*Ford M. Scudder*

Ford M. Scudder  
Acting State Treasurer

Certificate Number : 6079341502

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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