

MI7000003567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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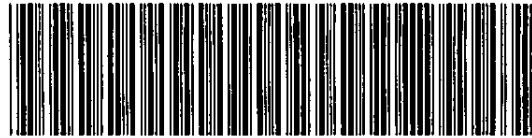
Certificates of Status _____

Special Instructions to Filing Officer:

Rec. CUS via email
4/27

~~WI7-18248~~

Office Use Only



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03/02/17--01024--008 **330.00

FILED
2017 APR 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
APR 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2017

MYNETWORK DEALER, LLC
ATTN: ONUR AKSOY
1701 NW 93 AVE, STE 3
DORAL, FL 33172

SUBJECT: MYNETWORK DEALER, LLC
Ref. Number: W17000018248

We have received your document for MYNETWORK DEALER, 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: 417A00004097

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYNETWORK, 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

MYNETWORK DEALER, LLC

Firm/Company

1701 NW 93 AVE SUITE 3

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

Name of Contact Person

at (_____) _____

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. MYNETWORK DEALER, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NEW JERSEY

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4562458

(FEI number, if applicable)

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 3 DORAL, FL 33172

(Street Address of Principal Office)

6. _____

1701 NW 93 AVE SUITE 4 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 3

DORAL

(City)

, Florida 33172

(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 3 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 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

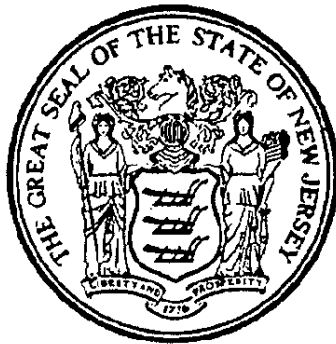
**MYNETWORK DEALER LLC
0450005018**

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 July 20, 2015.

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:

**ALP KUCUKONER
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 : 6079341600

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

**FILED
2017 APR 27 AM 11:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA**