

Division of Corporations **Electronic Filing Cover Sheet**

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То:	Division of Corporations Fax Number : (850)617	-6383	LANASSEE I
From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010		b: 25 STATE FLORIDA
annua	email address for this busir report mailings. Enter only	ness entity to be one email address	used for future s please.**
	Foreign Limited Liab		
	OZCANI ODECODI AND	Y COMBANIA III	C
	OZSAN, GREGORI ANI		C
)	OZSAN, GREGORI AND Certificate of Status Certified Copy	O COMPANY, LL	c T

Electronic Filing Menu Corporate Filing Menu

Estimated Charge

Help

\$125.00

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. Ozsan, Gregori al (Nature of Foreign	nd Company, LLC Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate s	same adopted for the purpose of transacting business in Flor	nda. The alternate name must include "Limited Liabil	ity Company," "L.1, C," or "LLC,")	
2. Delaware (Jurisdiction under the law of which foreign limited limbility company is organized)		3. (FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to r	egistration.)		
	(See sections 605 0904 & 605,0905, F.S. to determin	e penalty hability)		
5 205 Magnolia Dri		6. 2600 East Bay	<u> </u>	
(300171200173017	· · · · · · · · · · · · · · · · · · ·	STE 230	デー 2g	
Clearwater Florida 33756-3833		Largo FLORIDA 3377	150 - 1	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	M 29	
Name:	Steven Hayes			
Office Address:	2600 East Bay STE 230			
	Largo	. Florida 33771	25	
ана ассері те оонданов	s of my position as registered agent.			
	(Registered afent's s	ांक्रशिक्त		
8. The name, title or cap <u>Title or Capacity:</u>	acity and address of the person(s) who ha Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:	
MGR	Osman Ozsan			
	205 Magnolia Clearwater, Flonda 33756-3833	-		
		-		
(Use attachments if neces	ssary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	duly authenticated by the official have is in a foreign language, a translation	ing custody of records in the on of the certificate under or	
10. This document is executed submitted in a document to	euted in accordance with section 605.0203 o the Department of State constitutes a thi	(1) (b). Florida Statutes. I am aware ird degree felony as provided for in s.	that any false information 817.155, F.S.	
	Signature	of an authorized person	_	
	Riley Park			
	Transl ne	printed name of signer		

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OZSAN, GREGORI AND COMPANY, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OZSAN, GREGORI AND COMPANY, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

EN T

Authentication: 202545947

Date: 03-29-19

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