

Division of Corporations

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M1900000000006189

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Account Number : 120090000024  
Phone : (518) 229-8228  
Fax Number : (302) 371-9850

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Jerry@diversifiedcorp.com

19 JUN 25 AM 8:20

Foreign Limited Liability Company  
EKIN LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

19 JUN 25 AM 9:58  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8/7/2019 9:19:51 AM PAGE 1/001 Fax Server



June 7, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DIVERSIFIED CORPORATE SERVICES INT'L, INC.

SUBJECT: EKIN LLC  
REF: W19000054531

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L14000186218.

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) 245-6052.

Brooke N Kinsey  
Regulatory Specialist II

FAX Aud. #: H19000179963  
Letter Number: 819A00011391

((H19000179983 3))

**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. EKIN LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

EKIN SAFE CITY TECHNOLOGIES LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FBI number, if applicable)

4. JUNE 06, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 260 MADISON AVE., 8TH FL  
(Street Address of Principal Office)  
NEW YORK, NY 10016, US

6. SAME  
(Mailing Address)

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

Name: DIVERSIFIED CORPORATE SERVICES INT'L, INC.  
Office Address: 18560 NORTH BAY ROAD  
SUNNY ISLES BEACH, Florida 33160  
(City) (Zip code)

19 JUN 25 AM 9:58  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated limited liability company as 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.*

/s/ JERRY JOSEPH  
(Registered agent's signature)  
**JERRY JOSEPH, PRESIDENT**

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

**Title or Capacity:** **Name and Address:**

Manager Name: AKIF EKIN  
 Member Address: MADEN MH. GEDIZ SK NO:7  
 Authorized SARIYER, ISTANBUL, TURKEY 34450  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: SUZAN EKIN  
 Member Address: MADEN MH. GEDIZ SK NO:7  
 Authorized SARIYER, ISTANBUL, TURKEY 34450  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

19 JUN 25 AM 9:58  
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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.

/s/ AKIF EKIN

\_\_\_\_\_  
 Signature of an authorized person  
 AKIF EKIN, MEMBER  
 \_\_\_\_\_  
 Typed or printed name of signer

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

*I hereby certify, that EKIN LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/26/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*A Certificate of Amendment was filed on 10/02/2017.*

*A Certificate of Publication of EKIN LLC was filed on 04/16/2018.*

*I further certify, that no other documents have been filed by such Limited Liability Company.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 31st day of May  
two thousand and nineteen.*

A handwritten signature in black ink, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State

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