M23000005118

(Requ	uestor's Name)	
(Addr	ess)	
ibbA)	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
		!

Office Use Only



000405917290

54/04/20 -01944 816 **125.00

2023 AFR - 5 AN 11: 12

S. ROBERTS

APR 2 0 2023

COVER LETTER

. . .

Registration Section

TO:

	CCC VADI HOLDING HEALT C					
SUBJECT:	EGE YAPI HOLDING USA, LLC					
Name of Limited Liability Company						
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida				
Please return	all correspondence concerning this matter t	to the following:				
	CAGRI KANVER					
		Name of Person				
		Firm/Company				
	2 PARK AVENUE, 20TH FLOOR					
		Address				
	NEW YORK, NY 10016					
	C	City/State and Zip Code				
	CKANVER@ICLOUD.COM					
	E-mail address: (to be	e used for future annual report notification)				
For further in	nformation concerning this matter, please ca	dl:				
CA	GRI KANVER	917 415-1404 at ()				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: ase make check payable to: FLORIDA DEF \$125.00 Filing Fee S130.00 Filing Fe Certificate of	ee & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate				

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:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability	y Company," "L.L.C.," or "LLC.")	•	
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida The	alternate name must include "Limited Li	ability Company,"	"L L.C," or "Ll
DELAWARE					
(Jurisdiction under the law of which foreign limited liability company is organize		(FEI number, if applicable)			
04/15/2023					
	(Date first transacted business in Florida, if prior to a (See sections 605,0904 & 605,0905, F.S. to determine	egistration ne penalty	n.) Hability)		
4141 NE 2ND AVENUE. SUITE 203A		6.	4141 NE 2ND AVENUE, SUITE 203A		
reet Address of Principal Office)			(Mailing Address)		
MIAMI, FL 33137			MIAMI, FL 33137		
					2023
Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)		F2 - 0
Name:	CAGRI KANVER				
Office Address:	4141 NE 2ND AVENUE, SUITE 203 A				12
	MIAMI		33137 , Florida		
	(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.

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: Title or Capacity: Name and Address: CAGRI KANVER Name: _____ ■Manager □Manager Address: ___ ☐ Member ☐ Member Address: MIAMI, FL 33137 □ Authorized □Authorized Person Person □Other □Other □Other_____ □Other_____ □Manager □ Manager Name: _____ Name: _____ □Member Address: Address: _____ □Member ☐ Authorized □ Authorized Person Person ☐Other_____ □Other_____ □Other_____ □Other____ □ Manager □Manager Name: Name: ______ □Member Address: □ Member Address: ☐ Authorized ☐ Authorized Person Person □ Other_____ □Other_____ □Other □Other_____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 60 (120 MHz), Forida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes that degree falony as provided for in s.817.155, F.S.

Signature of an authorized person

CAGRIKANVER

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "EGE YAPI HOLDING USA, 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-EIGHTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EGE YAPI HOLDING USA, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.



Jeffrey W. Bulleck, Secretary of State

Authentication: 203020008