

M23000008044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

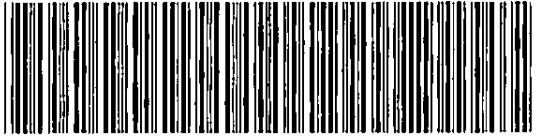
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 20 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W23-80260



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2023

JAMES H. BROWNAS, ESQ.
67 EAST WILSON BRIDGE ROAD
WORTHINGTON, OH 43085 US

SUBJECT: FFBK DEVELOPMENT, LLC
Ref. Number: W23000080260

We have received your document for FFBK DEVELOPMENT, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 723A00012959

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FFBK DEVELOPMENT, 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:

JAMES H. BOWNAS, ESQ.

Name of Person

HRABCAK & COMPANY, LPA

Firm/Company

67 EAST WILSON BRIDGE ROAD

Address

WORTHINGTON, OHIO 43085

City/State and Zip Code

jbownas@hrabcaklaw.com

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

For further information concerning this matter, please call:

Jim Bownas

614

781-1400

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. FFBK DEVELOPMENT, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

FFBK GAZIANTEP DEVELOPMENT, 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")

OHIO

NOT APPLICABLE

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

3. (FEI number, if applicable)

NOT APPLICABLE

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

516 OSPREY DRIVE, APARTMENT 16B

516 OSPREY DRIVE, APARTMENT 16B

5. (Street Address of Principal Office)

6. (Mailing Address)

DELRAY BEACH, FLORIDA 33444

DELRAY BEACH, FLORIDA 33444

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

Name: BARIS KESER

Office Address: 516 OSPREY DRIVE, APARTMENT 16B

DELRAY BEACH, Florida 33444
(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.

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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: BARIS KESER

☒ Member Address: 516 OSPREY DRIVE, APT 161

☐ Authorized DELRAY BEACH, FL 33444

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: STEVEN FATİH BASEL

☒ Member Address: 9450 SW GEMINI DRIVE, #77

☐ Authorized BEAVERTON, OR 97008

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Tufan Fikret Kitapci

☒ Member Address: Okyanus Apartments

☐ Authorized Emek Mah 19005 Cad No. 9

Person K5, D5 Sehitkamil, Gaziantep, Turkiye

☐ Other _____ ☐ Other _____

☐ Manager Name: Kerem Saker

☒ Member Address: Baruteu Sok No. 14

☐ Authorized Surici

Person Gazimagusa, Cyprus

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

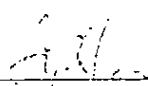
Person _____

☐ Other _____ ☐ Other _____

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.


Signature of an authorized person

BARIS KESER

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FFBK DEVELOPMENT, LLC, an Ohio Limited Liability Company, Registration Number 5024653, was organized in the State of Ohio on March 27, 2023, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 26th day of April, A.D. 2023.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202311605144