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COVER LETTER

TO:

Registration Section

	YEM MANAGEMENT LLC	
BJECT:		
	Nam	e of Limited Liability Company
e enclosed istence, an	I "Application by Foreign Limited Liability and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori
ase return	all correspondence concerning this matter t	o the following:
	KAZIM KESKIN	
		Name of Person
	YEM MANAGEMENT LLC	
		Firm/Company
	1443 DIVIDEND LOOP STE D	
		Address
	MYRTLE BEACH, SC 29577	
	C	City/State and Zip Code
	YEMMANAGEMENT@GMAIL.COM	
	E-mail address: (to be	e used for future annual report notification)
r further in	nformation concerning this matter, please ca	II:
YIC	GIT KESKIN	707 570-6824 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Reg Div	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations
	D. Box 6327 Iahassee, FL 32314	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 \$130.00 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:

L YEM MANAGEMENT	T LLC						
(Name of Foreign	Limited Liability Company; must include "Limite	d Liabilit	y Compi	iny," "L.L.C.," or "ELC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The	alternate	name must include "Limited Liabili	ty Company,	""L.L.C."	or "LLC."
SOUTH CAROLINA		3	82-1442924				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ν.		(FEI number, i	f applicable)		
а							
··· <u> </u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registratio	n.) v liability)				
1443 DIVIDEND LOOP 5.				DIVIDEND LOOP			
5. (Street Address of Principal Office)	<u> </u>	0.	(:	Mailing Address)			
UNIT D			UNIT	D	12 12 13 13 13 13 13 13 13 13 13 13 13 13 13	2024 JAH 1	-11
MYRTLE BEACH SC	29577		MYR'	TLE BEACH SC 29577	L NATE	_1	1000 mg/m
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT.	accepta	ıble)	14 33-4 1418 40.	AM 11: 04	
Name:	YUSUF KUTAY TURHAN			-	(°T	•	
Office Address:	1635 N CONGRESS AVE #412						
	WEST PALM BEACH			33401 . Florida			
	(Cuy)			(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)

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]:

RAZIM MERT KESKIN 210 CONNEMARA DR IT B RTLE BEACH SC 29579 □ Other	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	
RTLE BEACH SC 29579	■ Authorized Person	MYTLE BEACH SC 29577
RTLE BEACH SC 29579	Person	
Other	□Other	
ne:	□Manager	Name:
lress:	□Member	Address:
RTLE BEACH SC 29577	□Authorized	
	Person	
Other	□Other	□Other
MEHMET YIGIT KESKIN	□Manager	Name;
2111 CASS LAKE RD	□Member	Address:
ROLINA SHORES NC 28467	□Authorized	
	Person	
Other	□Other	Other
	□Other me: MEHMET YIGIT KESKIN fress: 2111 CASS LAKE RD ROLINA SHORES NC 28467 □ □Other attachment to report more than six (6).	Person Other MEHMET YIGIT KESKIN Inc: 2H1 CASS LAKE RD ROLINA SHORES NC 28467 Person Authorized Person

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

KAZIM'MERT KESKIN

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

YEM Management LLC, a limited liability company duly organized under the laws of the State of South Carolina on May 8th, 2017, with a duration that is until December 31st, 2150, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of January, 2024.

Mark Hammond, Secretary of State