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AND  
FILED

AUG 15 2024

K. Brumpley

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BETA SOCRUM 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:

Deborah Fanich

\_\_\_\_\_  
Name of Person

Berger Singerman LLP

\_\_\_\_\_  
Firm/Company

201 East Las Olas Boulevard, Suite 1500

\_\_\_\_\_  
Address

Fort Lauderdale, Florida 33301

\_\_\_\_\_  
City/State and Zip Code

lance.lvovsky@marcumllp.com

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

For further information concerning this matter, please call:

Deborah Fanich

954

712-5164

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. BETA SOCRUM LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. DELAWARE 3. 99-4443563  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>c/o Lance Lvovsky, Marcum LLP</u> (Street Address of Principal Office)	6. <u>c/o Lance Lvovsky, Marcum LLP</u> (Mailing Address)
<u>201 East Las Olas Boulevard, Suite 2100</u>	<u>201 East Las Olas Boulevard, Suite 2100</u>
<u>Fort Lauderdale, Florida 33301</u>	<u>Fort Lauderdale, Florida 33301</u>

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

Name:	<u>Cogency Global Inc.</u>
Office Address:	<u>115 North Calhoun Street, Suite 4</u>
	<u>Tallahassee</u> , Florida <u>32301</u>
	(City) (Zip code)

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AND  
APPROVED

**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.*

/s/ Xavian Brown, Assistant Secretary

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Baysel LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Berke Olcay</u>
<input checked="" type="checkbox"/> Member	Address: <u>c/o L. Lvovsky, Marcum LLP</u>	<input type="checkbox"/> Member	Address: <u>c/o L. Lvovsky, Marcum LLP</u>
<input type="checkbox"/> Authorized	<u>201 East Las Olas Blvd, Suite 2100</u>	<input type="checkbox"/> Authorized	<u>201 East Las Olas Blvd, Suite 2100</u>
Person	<u>Fort Lauderdale, Florida 33301</u>	Person	<u>Fort Lauderdale, Florida 33301</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Tayanc Mutlugil</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o L. Lvovsky, Marcum LLP</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>201 East Las Olas Blvd, Suite 2100</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Fort Lauderdale, Florida 33301</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.

Signed by: Berke Olcay  
000003907FA1400  
 \_\_\_\_\_  
 Signature of an authorized person

Berke Olcay  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BETA SOCRUM 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 EIGHTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETA SOCRUM LLC" WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2024.

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



4606082 8300

SR# 20243357943

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204113939

Date: 08-08-24