

MA5000000433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

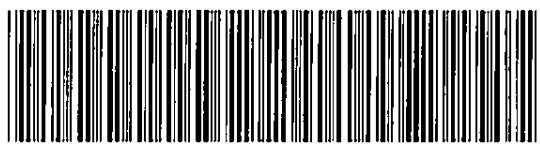
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. LEMIEUX
JAN 09 2025

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LeanPro Logistics 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:

Ahmet Fatih Goeck

Name of Person

Firm/Company

4003 Gooseberry Trl

Address

Kissimmee FL 34746

City/State and Zip Code

leanprologistics@outlook.com

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

For further information concerning this matter, please call:

Ahmet Fatih Goeck

518
at ()

935-5454

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. LeanPro Logistics 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. Ohio 3. 33-2042286
(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)

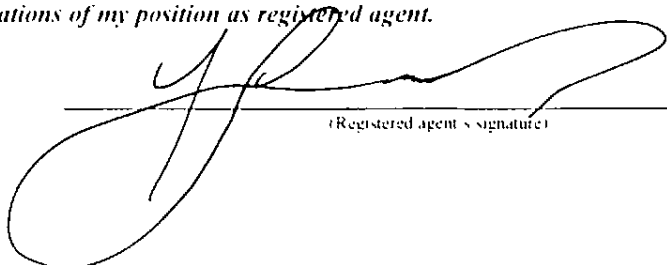
5. 4003 Gooseberry Trl 6. 4003 Gooseberry Trl
(Street Address of Principal Office) (Mailing Address)
Kissimmee, FL 34746 Kissimmee, FL 34746

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

Name: Ahmet Fatih Goecek
Office Address: 4003 Gooseberry Trl
Kissimmee 34746
_____, 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.



(Registered agent's signature)

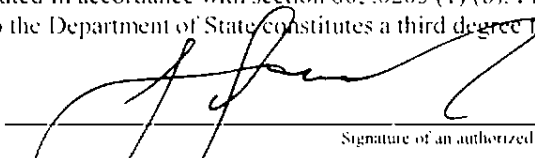
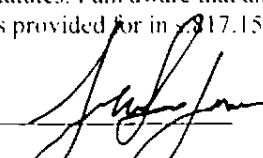
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Ahmet Fatih Goeck</u>	<input type="checkbox"/> Manager	Name: <u>Hakan Coskun</u>
<input checked="" type="checkbox"/> Member	Address: <u>4003 Gooseberry Trl</u>	<input checked="" type="checkbox"/> Member	Address: <u>2326 Arbor Lakes Cir</u>
<input type="checkbox"/> Authorized	<u>Kissimmee, FL 34746</u>	<input type="checkbox"/> Authorized	<u>Sanford, FL 32771</u>
Person	_____	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 _____
 <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 that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 317.155, F.S.

	
_____	_____
Signature of an authorized person	Signature of an authorized person
Ahmet Fatih Goeck	Hakan Coskun
_____	_____
Typed or printed name of signer	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 LEANPRO LOGISTICS LLC, an Ohio Limited Liability Company, Registration Number 5317151, was organized in the State of Ohio on November 19, 2024, 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 7th day of December, A.D. 2024.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202434200486



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/20/2024	202432501994	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

AHMET FATIH GOCEK
2750B INDIAN RIPPLE RD
BLDG UNIT 366
BEAVERCREEK, OH 45440

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
5317151

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
LEANPRO LOGISTICS LLC

and, that said business records show the filing and recording of:

Document(s)
OHIO LLC - AMENDMENT

Document No(s):
202432501994

Effective Date: 11/20/2024



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
20th day of November, A.D. 2024.

Ohio Secretary of State