

**P23000032905**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000152966 3)))



H230001529663ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Yildiz Investments Corp**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2023 APR 25 AM 8:06

CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 APR 25 PM 3:08

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be, YILDIZ INVESTMENT CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is.

398 NE 5TH, APARTMENT 1607

MIAMI, FL 33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is, REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title, MURAT YILDIZ, DIRECTOR

Name and Title,

Address 398 NE 5TH, APARTMENT 1607

Address

MIAMI, FL 33132

Name and Title,

Name and Title,

Address

Address,

Name and Title,

Name and Title,

Address

Address,

SECRET  
2023 APR 25 PM 3:08  
TALLAHASSEE FL

FILED

DocuSign Envelope ID: 215BA7C0-49CC-4E3F-A2C9-207DFE78BD49

((H23000152966 3)))

Name and Title. \_\_\_\_\_ Name and Title. \_\_\_\_\_  
Address \_\_\_\_\_ Address. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAFAEL ACOSTA  
Address: 12840 NW 11TH TERRACE  
MIAMI, FL 33132

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTOR SAIZARBITORIA  
Address: 21 SW 15TH ROAD, STE 200  
MIAMI, FL 33129

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing, \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Rafael Acosta  
Required Signature/Registered Agent

4/20/2023 | 3:31 PM EDT  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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]  
Required Signature/Incorporator

4/20/2023 | 12:31 PM PDT  
Date

((H23000152966 3)))