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.

(((H22000017425 3)))



H220000174253ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:			¥., 6	2622
	Division of Co	rporations		٠ ک
	Fax Number	: (850)617-6381	- 즐겁 :	=
From:			SS I	<u>-</u> -
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	TARY	ب
	Account Number	: 12000000146		_
	Phone	: (305)444-4994	<u> </u>	5
	Fax Number	: (305)328-4774	Fig	
			TATE ORID	-
**Enter	the email addres	ss for this business entity to be used for fu	tière _	L
		ings. Enter only one email address please.**		

MARIO ARII: I

# FLORIDA LIMITED LIABILITY CO. OKIDOKI GROUP LLC

Certificate of Status	0		
Certified Copy	1		
Page Count	03		
Estimated Charge	\$155.00		

Electronic Filing Menu

Corporate Filing Menu

Help

ĹĿ

dotloop signature verification: http://www.pp-AWEE

Page: 3 of 4

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: OKIDOKI GROUP LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 520 BRICKELL KEY DR SAME #A1619 MIAML FL 33131 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: MEHMET ER Name 520 BRICKELL KEY DR #A1619 Florida street address (P.O. Box NOT acceptable)

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

City



Zip

(CONTINUED)

dodoop signature verification; dilip us/\$37%-MDP AWE;

Page: 4 of 4

<u>Ttle:</u> AMBR" = Authorized Member MGR" = Manager	Name and Address:			
AMBR	MEHMET ER 520 BRICKELL KEY DR #A1619 MIAMI, FL 33131	A S	2022	
<del></del>		CRETAS LAHASS	JAN 13	٠

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filling: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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.

ARTICLE VI: Other provisions, if any.			
-		<del></del>	

#### **REQUIRED SIGNATURE:**

Moonth

Signature of a member or an authorized representative of a member. 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.

MEHMET ER

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)