

3/27/2023 12:50 PM

Division of Corporations

AA

Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
COSMOVA PRODUCTIONS LLC**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Help

Articles of Organization

*State of Florida Limited Liability Company Pursuant to Section 605.0201, Fla.
Stat.:*

Article I - NAME

The name of the Limited Liability Company is as follows: COSMOVA
PRODUCTIONS LLC

Article II - TYPE

The entity being formed is a Limited Liability Company.

Article III - ADDRESS

The initial street address (principal office address) for the Limited Liability
Company are as follows:

Limited Liability Company Address:

3275 NW 44th Street

3

OAKLAND PARK, FL 33309

The mailing address for the limited liability company are the same.

Article IV - REGISTERED AGENT INFORMATION

The name and address of the registered agent are as follows:

Shaban Malik

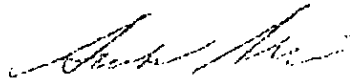
5300 W Hillsboro Blvd.

Suite 218

Coconut Creek, FL 33073

The street address and the mailing address of the registered agent are the same.

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, Shaban Malik, hereby accept the appointment as registered agent and consent 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 of the Florida Statutes.



Signature of Registered Agent

Article V - STRUCTURE

This limited liability will have the following members and be member-managed:

- COSMOVA USA LLC

3275 NW 44th Street

3

OAKLAND PARK, FL 33309

Member

- FURKAN BAYOGLU

3275 NW 44th Street

3

OAKLAND PARK, FL 33309

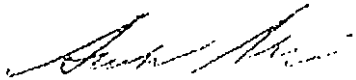
Manager

Article VI - EFFECTIVE DATE

The effective date of these Articles of Organization will be the date this document is filed with the Florida Division of Corporations.

EXECUTION

Signature of organizer:



Printed name of organizer:

SHABAN MALIK

Title of organizer:

CPA

Statement of signatory:

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.