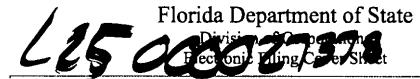
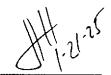
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Division of Corporations





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.

(((H25000020019 3)))



H250000200193ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LVM ACCOUNTING SERVICES, INC.

Account Number : I20200000106 Phone : (561)927-7157 Fax Number : (305)912-0167

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 LIMITED LIABILITY CO. PIER BLONDIE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Section Division of Corporations	
SUBJE	PIER BLONDIE LLC	
301411		ne of Limited Liability Company
The en	closed Articles of Organization and	fcc(s) are submitted for filing
Please	return all correspondence concernin	ng this matter to the following.
	BUNYAMIN MURAT DOGA	AY
		Name of Person
		F: (O
		Firm/Company
	9355 SW 8TH ST APT 409	
		Address
	BOCA RATON, FL 33428	
	BDOGAY@YAHOO.COM	City/State and Zip Code
	E-mail address. (to	be used for future annual report notification)
For furth	ner information concerning this matt	er, please call.
	BUNYAMIN MURAT DOGA	Y 954 687-2747
	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amou	int:
□\$125	5 00 Filing Fee S130.00 Filin Certificate of S	ng Fee & S155.00 Filing Fee & S160.00 Filing Fee, tatus Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section Division
	Division of Corporations P.O. Box 6327	-

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is.

PIER BLONDIE 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:

14545 S MILITARY TRL STE A
DELRAY BEACH, FL 33484

14545 S MILITARY TRL STE A DELRAY BEACH, FL 33484

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.

BUNYAMIN MURAT DOGAY

Name

9355 SW STH ST APT 409

Florida street address (P.O. Box NOT acceptable)

BOCA RATON	FL	33428	
City	State	Zip	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

25 JAN 17 AM 7: 36

FILED Stock TARY OF STATE 1 JULY 1987 TOWN

ARTICLE IV-			
The name and address of	each person authorized to mai	nage and control the Lim	ited Liability Company:

111161 "AV4DD" —	Sanda a sia a di Nova la a a	Name and Address:	
"MGR" = M	Authorized Member		
	iainagei		
<u>AMBR</u>		BUNYAMIN MURAT DOGAY 9355 SW 8TH ST APT 409	
		BOCA RATON, FL 33428	
		2001110110111110000	
			
			
			
			
			
(Lise attache	nent if necessary)		
(One attacher	ironi ir nocessary)		
RTICLE V: Effecti	ve date, if other than the da	ate of filing:01/17/2025 (OPTIONAL)	
		specific and cannot be more than five business days prior to	or 90 days after
date of filing.)	, iiii ama iii ama	specific and cannot be more than tive business days prior to	51 70 day 5 ditt
	rted in this block does no	at meet the applicable statutory filing requirements, this date wi	Il not be listed a
	tive date on the Departme		
	•		
RTICLE VI: Other p	provisions, if any.		
			
REOURE) SIGNATURE:	band	
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	<u> </u>		
		member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statu	itec
		edied in accordance with section 603.0203 (1) (6). Florida Stati lise information submitted in a document to the Department of S	
	. and a real of diet dily la	and the bepartment of a decement to the bepartment of a	,

constitutes a third degree felony as provided for in s.817.155, F.S.

BUNYAMIN MURAT DOGAY 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)