

1/16/25, 5:12 PM

Division of Corporations

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

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## FLORIDA LIMITED LIABILITY CO. PIER BLONDIE LLC

Certificate of Status	1
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Page Count	03
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25 JAN 17 AM 7:36

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PIER BLONDIE LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

BUNYAMIN MURAT DOGAY

Name of Person

Firm/Company

9355 SW 8TH ST APT 409

Address

BOCA RATON, FL 33428

City/State and Zip Code

BDOGAY@YAHOO.COM

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

For further information concerning this matter, please call.

BUNYAMIN MURAT DOGAY 954 687-2747

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - 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:

14545 S MILITARY TRL STE A  
DELRAY BEACH, FL 33484

Mailing Address:

14545 S MILITARY TRL STE A  
DELRAY BEACH, FL 33484

## ARTICLE III - Registered Agent, Registered Office, &amp; 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)

<u>BOCA RATON</u>	<u>FL</u>	<u>33428</u>
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..*

*band*  
JAN 16 2025 14:54:07 14

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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