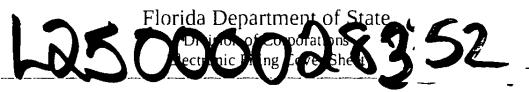
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (813)436-5206

Email Address:_____

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

FLORIDA LIMITED LIABILITY CO. ISTANBULUT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ISTANBULUT LLC

St. Petersburg, FL 33702

(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:
7901 4th St N	7901 4th St N
STE 300	# 25252

St. Petersburg, FL 33702

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:

Northwest Registered	Agent LLC	
	ame	
7901 4TH ST N STE	300	
Florida street address (f	P.O. Box <u>NOT</u> as	eceptable)
ST. PETERSBURG	FL	33702
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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	KELES, BULUT ADNAN KAHVECI MAHALLESI PASAZADE CAD YAGIZ SOKAK NO 12 D 18 B B
	BEYLIKDUZU, ISTANBUL 34528
	
ffective date is listed, the date must be e of filing.)	
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