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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/11/2025

NAME:

DINCER FAMILY LLC

TYPE OF FILING: ARTICLES

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125.00

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

·TO:	New Filing Section Division of Corporations						
enn m	Dincer Family LLC						
SUBJE	CT:	Name of Li	nited Liabil	ity Company		-	
The encl	losed Articles of Organizati	on and fee(s) ar	re submitted	for filing.			
Please re	eturn all correspondence cor	neerning this m	atter to the f	ollowing:			
	Michael Merino						
			Name of	Person			5025 Eco 1
	Michael H Merino PA						رن ابن
			Firm/Co	mpany		ξ,	. ~
	6741 Orange Dr					1 1	7:0:1
		-	Addr	ess		, ~ . -	7
	Davie, Fl 33314						_
	corps@merinolegal.com		City/State an	d Zip Code			
			l for future a	nnual report notificati	ion)		_
For furthe	r information concerning th	is matter, pleas	e cali:				
	Michael Merino		54	3217701			
	Name of Person		irea Code	Daytime Telephon	e Number	-	
Enclosee	I is a check for the followin	g amount:					
□\$125.	00 Filing Fee ☐\$130.0 Certifica	00 Filing Fee & te of Status	Certific	5,00 Filing Fee & ed Copy al copy is enclosed)			Ż
	Mailing Address New Filing Section Division of Corpo			Street Address New Filing Section Di The Centre of Tallaha			
	P.O. Box 6327	iadons		2415 N. Monroe Stre			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Dincer Family 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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
500 Alton road apt #1604 Miami Beach FL 33139	500 Alton road apt #1604 Miami Beach F

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:

Michael H Merino P	'.A.	
	Name	
6741 Orange Dr		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davie	FL	33314
Citv	State	Zip

33139

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..

Michael Merino dolloop verified 02/10/25 4-22 PM EST NSD1-LST7-4×TN-CCUS

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>MGR</u>	Seride Sinem Dincer 500 Alton road ant #1604 Miami Beach FL 33139
MGR	Settar Oguz Dincer 500 Alton road apt #1604 Miami Beach FL 33139
(Use attachment if necessary)	; ;
(If an effective date is listed, the date must l the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
	Michael Merino dostoop welled 02:10:25.4.27 PM EST BPM.MQZD-LFBW-OALT
	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Michael Merino

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)