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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

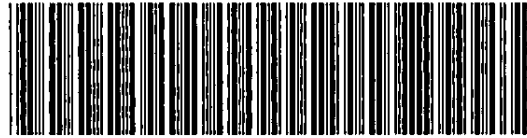
(Document Number)

Certified Copies \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

SEP 15 2014

S. YOUNG

LAW OFFICES  
**GLASSBERG & GLASSBERG, P.A.**

13611 SOUTH DIXIE HIGHWAY  
#109-514  
MIAMI, FLORIDA 33176  
GLASSBERGLAW@AOL.COM

DAVID M. GLASSBERG  
LORI H. GLASSBERG

(305) 669-9535  
FAX (305) 255-9969

September 5, 2014

Sent Via Federal Express

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: GILLA BISCAYNE, LLC

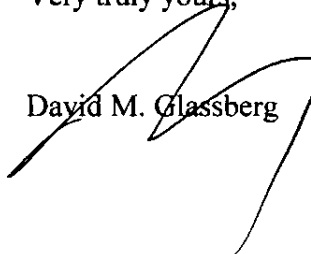
Gentlemen:

Enclosed please find two copies of the Articles of Organization for GILLA BISCAYNE, LLC. Also, enclosed please find our check in the amount of \$125.00 made payable to the Secretary of State for filing fees of the above mentioned Limited Liability Company.

Should you have any questions with regard to the foregoing, please contact the undersigned at (305) 669-9535.

Very truly yours,

David M. Glassberg



DMG/rs  
enclosures

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14 SEP -8 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GILLA BISCAYNE, 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:

David M. Glassberg, Esq.

Name of Person

Glassberg & Glassberg, P.A.

Firm/Company

13611 S. Dixie Highway, #109-514

Address

Miami, FL 33176

City/State and Zip Code

glassberglaw@aol.com

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

For further information concerning this matter, please call:

David M. Glassberg

Name of Person

at ( 305 ) 669-9535

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**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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11 SEP -8 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GILLA BISCAYNE, LLC

(Must end with 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:**

15540 Biscayne Blvd.

North Miami, FL 33160

15540 Biscayne Blvd.

North Miami, FL 33160

**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:

David M. Glassberg, Esq.

Name

13611 S. Dixie Highway, #109-514

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

Miami

City

FL 33176

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)

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14 SEP -8 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

J. Graham Simmonds

15540 Biscayne Blvd.

North Miami, FL 33160

MGR

Daniel Yuranvi

15540 Biscayne Blvd.

North Miami, FL 33160

MGR

David M. Glassberg, Esq.

13611 S. Dixie Highway, #109-514

Miami, FL 33176

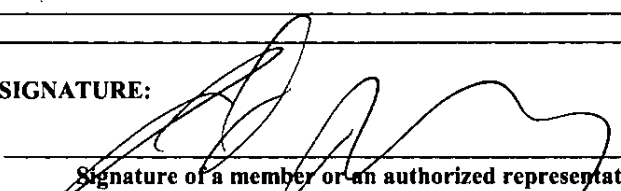
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

David M. Glassberg, Esquire

Typed or printed name of signer

**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)**

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David M. Glassberg, Esq.

Name

13611 S. Dixie Highway, #109-514

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

Miami

FL 33176

City

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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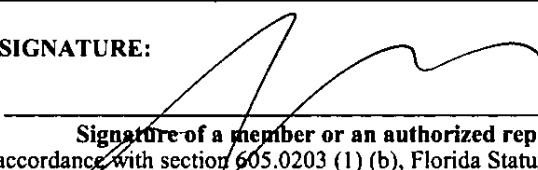
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