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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

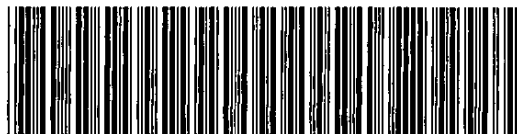
(Document Number)

Certified Copies _____ Certificates of Status _____

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David Kovar 1803
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TALLAHASSEE, FLORIDA

NPC

Law Offices of David Kovari, P.A.

2295 N.W. Corporate Blvd., Suite 117, Boca Raton, Florida 33431

Telephone: 561.417.8767 - FAX: 561.417.8546

Website: www.davidkovari.com

August 27, 2007

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399
Attn: New Filings

Re: Limited Liability Company New Filing
FRANCHISEOCITY, L.L.C. DBA THE FRANCHISE UNION

Dear Sir or Madam:

Enclosed please find the following documentation in accord with the above referenced new Limited Liability Company filing:

1. Articles of Organization;
2. Certificate of Registered Office and Registered Agent;
3. Attorney Check No. 6249 made payable to the Department of State for the filing fee of \$125.00 plus the Certified Copy Fee of \$30.00; and
4. Self addressed, stamped return envelope for return of the certified copy.

Thank you for your assistance in this matter. If you have any questions, please feel free to contact me.

Very truly yours,

David Kovari

DK/nt

Enc.

cc: Steven Alembik
Adam Houtman

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Franchise city, L.L.C. dba The Franchise Union
(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 Kovari, Esq.
(Name of Person)
Law Offices of David Kovari, P.A.
(Firm/Company)
2295 NW Corporate Blvd., Ste 117
(Address)
Boca Raton, FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

David Kovari at (561) 417-8767
(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
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Franchiseocity, L.L.C.

(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:

1040 Bayview Dr., Ste 114
Fort Lauderdale, FL 33304

Mailing Address:

1040 Bayview Dr., Ste 114
Fort Lauderdale, FL 33304

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:

Anthony M. Pascale
Name

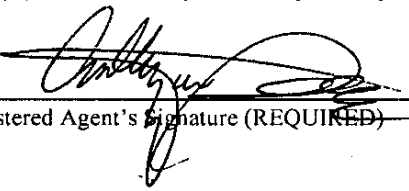
1040 Bayview Dr., Ste 114

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

Fort Lauderdale FL 33304
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SMA Communications, L.L.C.
1040 Bayview Dr., Ste 114
Fort Lauderdale FL 33304

MGRM

HLBB Enterprises, Inc.
2417 N. 19th Ave.
Hollywood FL 33020

MGRM

Hybrid Media, Inc.
1015 W. Newport Center Dr., Ste 106A
Deerfield Beach, FL 33442

(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.)

REQUIRED SIGNATURE:

Lynn Karademir

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lynn Karademir

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)