## 13000117376

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200250833692

08/19/13--01039--013 \*\*125.00

2013 AUG 19 PH 1: 36
SECRETARY OF STATE
AND A STATE

AUG 2 0 2013 J. BRYAN (850) 245-6051

## **COVER LETTER**

TO: Registration Section
Division of Corporations

M & A Geller Investments, 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:

Elaine M. Cohen, Esq.

Name of Person

Witman Stadtmauer, P.A.

Firm/Company

26 Columbia Turnpike, Suite 100

Address

Florham Park, New Jersey 07932

City/State and Zip Code

Adam@gellerproperties.com

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

For further information concerning this matter, please call:

Elaine M. Cohen

**\_\_\_973** 

822-0220

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 ORGANIZATIO	ropany is:
ARTICLE I - Name:	EG E
The name of the Limited Liability Co	npany is:
M & A Geller Investments, LLC	
(Must end with the words "	mited 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:
17040 Huntington Parkway	17040 Huntington Parkway
Boca Raton, Flordia 33496	Boca Raton, Flordia 33498
The name and the Florida street addre	s of the registered agent are:
Michael Geller	Name
17040 Huntington Par	
	a street address (P.O. Box NOT acceptable)
Boca Raton,	FL 33496
	City, State, and Zip
liability company at the place designed registered agent and agree to act in all statutes relating to the proper ar	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with tion as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

"MGR" = Manager
"MGRM" = Managing Member

MIchael Geller

17040 Huntington Parkway

Boca Raton, Florida 33498

MGR

Adam Geller
601 West End Avenue, Apt 3A

New York, NY 10024

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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:** 

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. 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 Geller
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)