

L14000/44538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

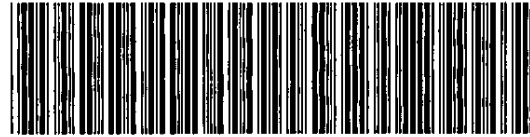
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

SEP 16 2014

A. LUNT

Office Use Only



100263998071

09/08/14--01034--008 **125.00

RECEIVED
FILING OFFICE
SEP 16 2014

2614 SEP -8 PM 1:22

FILED

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 FRANCHISES, LLC

Gentlemen:

Enclosed please find two copies of the Articles of Organization for GILLA FRANCHISES, 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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GILLA FRANCHISES, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GILLA FRANCHISES, 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 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

FL 33176

City

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)

FILED
2014 SEP -8 PM 1:22
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, 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 Yuranyi

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 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)