

L17000040701

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000050254 3)))



H170000502543BCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : KOUTOULAS & RELIS, LLC
Account Number : I20070000005
Phone : (954)332-1345
Fax Number : (954)332-1346

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

info@krcpas.us

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 22 AM 10:10

FILED

FLORIDA LIMITED LIABILITY CO.
D.I Franchise GROUP, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH

FEB 23 2017

Fax Audit #: _____

**ARTICLES OF ORGANIZATION
OF
D.I Franchise GROUP, LLC**

The undersigned, acting as organizer of D.I Franchise GROUP, LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

ARTICLE I.

The name of the limited liability company shall be:

D.I Franchise GROUP, LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

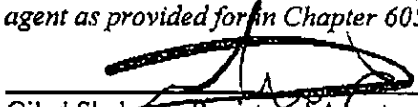
290 NW 165th Street
Suite M600
Miami, FL 33169

ARTICLE III.

The name and the Florida street address of the registered agent are:

Gilad Shalom
290 NW 165th Street Suite M600
Miami, FL 33169

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.



Gilad Shalom - Registered Agent

Prepared by:
Koutoulas & Relis, LLC
1776 N Pine Island Road. Suite 316
Plantation, FL 33322
Phone: (954) 332-1345
Fax: (954) 332-1346

Fax Audit #: _____

FILED
17 FEB 22 AM 10:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

Fax Audit #: _____

ARTICLE IV.

This limited liability company is to be managed by one manager. The name and address of the Manager is as follows:

Gilad Shalom - Manager
290 NW 165th Street
Suite M600
Miami, FL 33169

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or 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.



Gilad Shalom - Manager

*Signature of Member or authorized representative of a member

Prepared by:
Koutoulas & Relis, LLC
1776 N Pine Island Road. Suite 316
Plantation, FL 33322
Phone: (954) 332-1345
Fax: (954) 332-1346

Fax Audit #: _____

FILED
17 FEB 22 AM 10:10
DEPARTMENT OF STATE
ALABAMA, FLORIDA