

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

4

SUBJECT: GLLD GROUP LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LISA LACH

Name of Person

GLLD GROUP LLC

Firm/Company

2942 MALLORN WAY

Address

CASSELBERRY, FL 32707

City/State and Zip Code

llach5472@gmail.com

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

For further information concerning this matter, please call:

Lisa Lach

407

221-2014

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

FILED
16 JAN 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IT COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 GLLD GROUP LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2 Wyoming

3. 81-1171906

Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5 2942 Mallorn Way

Casselberry, FL 32707

(Street Address of Principal Office)

6. 2942 Mallorn Way

Casselberry, FL 32707

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.*

Bill Havre

Bill Havre/Assistant Secretary/Registered Agents Inc

(Registered agent's signature)

8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Lisa Lach - Owner/Manager

2942 Mallorn Way

Casselberry, FL 32707

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)

Lisa Lach

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lisa Lach

Typed or printed name of signee

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16 JAN 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WYOMING
Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

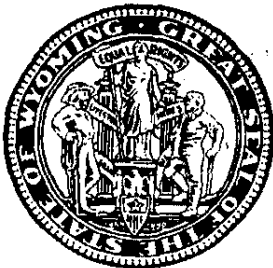
CERTIFICATE OF ORGANIZATION

GLLD Group LLC

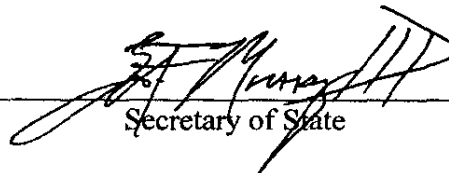
Accordingly, the undersigned, by virtue of the authority vested in me by law, hereby issues this Certificate.

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **14th** day of **January, 2016**.

FILED
16 JAN 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Filed Date: 01/14/2016


Secretary of State

By: Nicole Martinez

**ACCEPTANCE OF APPOINTMENT AS MANAGER
OF**

GLLD Group LLC

A Wyoming Limited Liability Company (hereafter "LLC")

I, Lisa Lach, having been appointed a Manager of the LLC, do hereby accept said position effective as of the time of my appointment on this 21st day of January, 2016.

Lisa Lach
Lisa Lach, Manager

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16 JAN 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Wyoming Secretary of State
State Capitol Building, Room 110
200 West 24th Street
Cheyenne, WY 82002-0020
Ph. 307.777.7311
Fax 307.777.5339
Email: Business@wyo.gov

Ed Murray, WY Secretary of State
FILED: 01/14/2016 03:27 PM
ID: 2016-000704104

Limited Liability Company Articles of Organization

1. Name of the limited liability company:

3LLD Group LLC

2. This entity elects to be a close limited liability company: ☐

3. Name and physical address of its registered agent:

(The registered agent may be an individual resident in Wyoming, a domestic or foreign entity authorized to transact business in Wyoming, having a business office identical with such registered office. The registered agent must have a physical address in Wyoming. A Post Office Box or Drop Box is not acceptable. If the registered office includes a suite number, it must be included in the registered office address.)

Name:

Wyoming RA LLC

Address:

1623 Central Ave Suite 201 Cheyenne WY 82001

(If mail is received at a Post Office Box, please include in the above address.)

4. Mailing address of the limited liability company:

1623 Central Ave Suite 201, Cheyenne WY 82001

5. Principal office address:

1623 Central Ave Suite 201, Cheyenne WY 82001

Signature:

(Shall be executed by an organizer.)

Print Name:

Wyoming RA LLC by Angelica Espinoza

Contact Person:

Angelica Espinoza

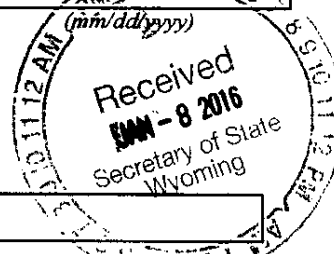
Daytime Phone Number:

(307) 433-3109

Email: support@wyomingra.com

Date:

01/08/2016 2 3 4 5 6



*(Email provided will receive annual report reminders and filing evidence)
May list multiple email addresses



Wyoming Secretary of State

State Capitol Building, Room 110

200 West 24th Street

Cheyenne, WY 82002-0020

Ph. 307.777.7311

Fax 307.777.5339

Email: Business@wyo.gov

Consent to Appointment by Registered Agent

I, Wyoming RA LLC, registered office located at
(name of registered agent)

623 Central Ave Suite 201, Cheyenne WY 82001

voluntarily consent to serve

* (registered office physical address, city, state & zip)

as the registered agent for GLLD Group LLC
(name of business entity)

I hereby certify that I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: [Signature]
(Shall be executed by the registered agent.)

Date: 01/08/2016
(mm/dd/yyyy)

Print Name: Angelica Espinoza Daytime Phone: (307) 433-3109

Title: Authorized Agent Email: support@wyomingra.com

Registered Agent Mailing Address
(if different than above):

***If this is a new address, complete the following:**

Previous Registered Office(s):

I hereby certify that:

- After the changes are made, the street address of my registered office and business office will be identical.
- This change affects every entity served by me and I have notified each entity of the registered office change.
- I certify that the above information is correct and I am in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

Signature: _____
(Shall be executed by the registered agent.)

Date: _____
(mm/dd/yyyy)

Checklist

☐ Submit one **originally signed** consent to appointment and one exact photocopy.

**Resolution Of ORGANIZER
TO APPOINT MANAGER**

for

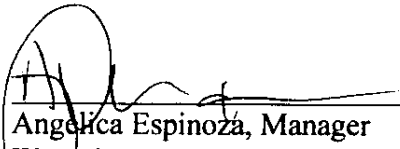
GLLD Group LLC

A Wyoming Limited Liability Company (hereafter "LLC")

The organizer of the above named LLC hereby appoints the following people as Manager(s) of the LLC:

<u>Name</u>	<u>Address</u>
Lisa Lach	2942 Mallorn Way Casselberry FL 32707

Adopted and resolved by the Organizer of the LLC this January 19, 2016.



Angelica Espinoza, Manager
Wyoming RA LLC
Organizer

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16 JAN 26 PM 4:55
SECRETARY OF STATE
TALLAHASSEE FL 32309

RESIGNATION OF ORGANIZER

Wyoming RA LLC does hereby resign as organizer of GLLD Group LLC, a Wyoming limited liability company, effective this day January 19, 2016.

By: 

Name: Angelica Espinoza

Title: Manager

Wyoming RA LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BANK RESOLUTION

OF

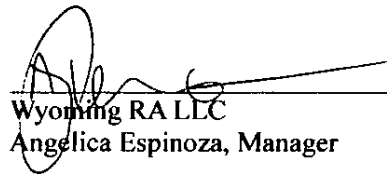
GLLD Group LLC

A Wyoming Limited Liability Company (hereafter "LLC")

Wyoming RA LLC being the original organizer of the LLC, a Wyoming Limited Liability Company, having met and discussed the business herein set forth, have unanimously:

RESOLVED, that Lisa Lach be and are hereby authorized to open a bank account in the name of this LLC for the deposit and withdrawal of funds belonging to the LLC.

Adopted and resolved by the Manager of the LLC this January 19, 2016.



Wyoming RA LLC
Angelica Espinoza, Manager

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FACSIMILE
TALLAHASSEE, FLORIDA