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(A PROFESSIONAL CORPORATION)

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01/18/2001

Secretary of State
State of Florida
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

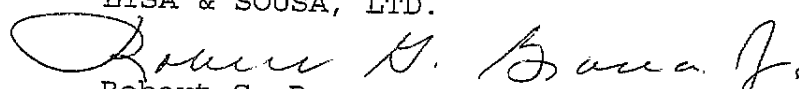
Re: ST. AUGUSTINE DONUTS, LLC

Dear Sir/Madam:

Enclosed please find an original and copy of the Articles of Organization for the above LLC, along with a filing fee check in the amount of \$155 (\$125 filing \$30 certified copy). Please forward to the attention of the undersigned a certified copy at your earliest convenience.

Very truly yours,

LISA & SOUSA, LTD.


Robert G. Branca, Jr.

RGB/cab
Enclosures

FILED
FEB -9 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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qr



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 25, 2001

ROBERT BRANCA, JR.
5 BENEFIT STREET
PROVIDENCE, RI 02904

SUBJECT: ST. AUGUSTINE DONUTS, LLC
Ref. Number: W01000001915

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ST. AUGUSTINE DONUTS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 901A00004212

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

OF

ST. AUGUSTINE DONUTS, LLC

ARTICLE I - NAME

The name of the Limited Liability Company is:

ST. AUGUSTINE DONUTS, LLC


ARTICLE II - ADDRESS AND PRINCIPAL OFFICE

The mailing address and street address of the principal office of this Limited Liability Company is: 1001 Ponce DeLeon Boulevard, St. Augustine, Florida

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE:

NAME: Robert E. Medeiros
1001 Ponce DeLeon Boulevard
St. Augustine, 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
Robert E. Medeiros

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGEMENT (Check Box if applicable)

☒ This Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

By: 
Frank Realejo, Member and Authorized Representative

(In accordance with Section 608.408(3), Florida Statute, the execution of this document constitutes and affirms that the undersigned, under the pains and penalties of perjury and the facts stated herein are true).

FRANK REALEJO
(Typed or Printed name of signer)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

No one can become a member of this Limited Liability Company without the unanimous consent of the existing members.

ARTICLE VI - MEMBERS RIGHT TO CONTINUE BUSINESS

The members of this Limited Liability Company have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or occurrence of any other event which terminates the continued membership of a member in this Limited Liability Company.

Dated this 18 day of January, 2001.


Frank Realejo, Member