

L030000026051

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

FILED
03 JUL 16 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03 JUL 16 PM 3:09
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

KPTT Donuts, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JPB
File-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **KPTT Donuts, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2821 S. Ridgewood Avenue
Port Orange, Florida 32119

Mailing Address:

2821 S. Ridgewood Avenue
Port Orange, Florida 32119

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

City, State, and 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 this 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.

George Bryan

GEORGE BRYAN

Registered Agent's Signature

~~SECRETARY ASSISTANT SECRETARY~~

(CONTINUED)

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ARTICLE IV - Manager(s) or Managing Member(s):

The names and address of each Manager or Managing member is as follows:

Title:
 "MGR" = Manager
 "MGRM" = Managing Member

Name and Address:

MGR

D. Michael Thompson
 29 Jacquith Road
 Wilmington, MA 01887

MGR

Brian P. Kinaley
 14 Joanne Road
 Burlington, MA 01803

(Use attachment if necessary)

NOTE: An Additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


(In accordance with Section 601.04(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

D. Michael Thompson

* Typed or printed name of Signer

Filing Fees
 \$100.00 Filing Fee for Articles of Organization
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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