

LO3 0000 27494

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL 25 AM 8:53

DIVISION OF CORPORATION

03 JUL 28 AM 7:50

RECEIVED

LIMITED LIABILITY COMPANY

Orange Ave Donuts, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 03       |
| Estimated Charge      | \$160.00 |

LO3-27494  
OK

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Orange Ave Donuts, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

6215 South Orange Avenue  
Orlando, Florida 32809

#### Mailing Address:

6215 South Orange Avenue  
Orlando, Florida 32809

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

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

CI Corporation System

Name

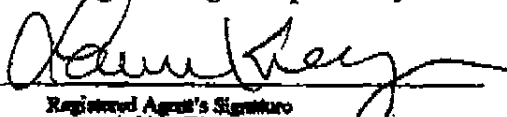
1200 South Pine Island Road

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 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

LAUREN H. KREATZ,  
SPECIAL ASSISTANT SECRETARY

(CONTINUED)

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

D. Michael Thompson  
29 Jacquin Road  
Wilmington, MA 01887

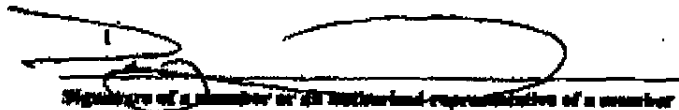
MGR

Brian P. Kinsley  
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:**



Signature of a member or its authorized representative of a member

(In accordance with Section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties 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)

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JUL 25 11 51 AM  
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