

LD70000016342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

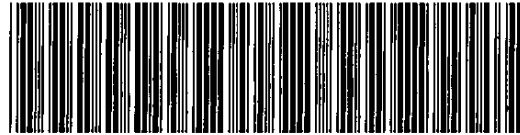
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DIVISION OF CORPORATIONS
07 FEB -9 PM 1:57

LISA & SOUSA, Ltd.

ATTORNEYS - AT - LAW
(A PROFESSIONAL CORPORATION)

5 Benefit Street
Providence, Rhode Island 02904
Telephone (401) 274-0600
Facsimile (401) 421-6117

Carl B. Lisa
Louis A. Sousa *
Carl B. Lisa, Jr. *
Rebecca C. Cox *
John J. Poloski, III *
Sandra Sousa *
Thomas E. Romano *

Robert G. Branca, Jr. * †
Eugene A. Amelio *
of Counsel

* (Also Member of Massachusetts Bar)
† (Also Member of District of Columbia Bar)

February 8, 2007

VIA: FEDERAL EXPRESS

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

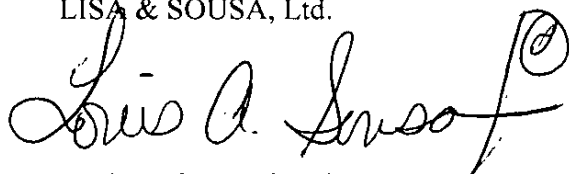
Re: DAYTONA DONUTS, LLC
Our File No. (NEW)

To whom it may concern:

Enclosed please find a check in the amount of \$160.00 representing the amount due to form the above corporation and provide this office with a Certified Copy of the Articles and Certificate of Status. I have enclosed a self-addressed Federal Express envelope for prompt return. Thank you.

Very truly yours,

LISA & SOUSA, Ltd.

A handwritten signature in cursive script, reading "Louis A. Sousa", followed by a circled "P" or similar mark.

Louis A. Sousa, Esquire

Enclosure
LAS/jls

Feb 07 07 05:01p

PSL DONUTS LLC

7726924676

p.3

NO. 985 017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAYTONA DONUTS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and (or)s are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis A. Sousa, Esquire

(Name of Person)

LISA & SOUSA, LTD.

(Firm/Company)

5 Benefit Street

(Address)

Providence, Rhode Island 02904

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer L. Steale

(Name of Person)

at (401) 274-0600

(Area Code & Daytime Telephone Number)

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 (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DAYTONA DONUTS, LLC

(Must end with the words "Limited Liability Company," "Limited Company," or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:**Mailing Address:**850 NW Federal Highway, Suite 233
Stuart, Florida 34994850 NW Federal Highway, Suite 233
Stuart, Florida 34994**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James E. Allen

Name

850 NW Federal Highway, Suite 233Florida street address (P.O. Box **NOT** acceptable)StuartFL 34994

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 (REQUIRED)

James E. Allen

(CONTINUED)

Page 1 of 2

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

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

Title:

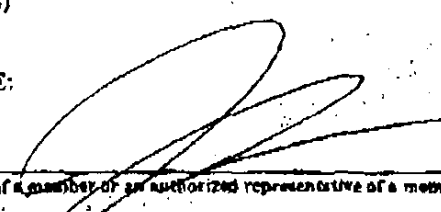
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJames E. Allen850 NW Federal Highway, Suite 233
Stuart, Florida 34994MGRMark P. Cafus850 NW Federal Highway, Suite 233
Stuart, Florida 34994

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Immediately upon filing (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James E. Allen, Manager

Typed or printed name of signer

Filing Fees:\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 36.00 Certified Copy (Optional)

\$ 6.00 Certificate of Status (Optional)