# L09000081171

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	<del>≥</del> #)
	WAIT	MAIL
Птоктог	<b>*</b> ******	L. MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



000159049490

08/21/09--01008--019 \*\*125.00

EFFECTIVE DATE 8 18 04

OLID

B. KOHR

AUG 25.2009

**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** Donut Depot LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tandy Watson Name of Person Firm/Company 1531 Manor Way Address Deland, FI 32720 City/State and Zip Code tandyw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tandy Watson Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$\int\\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	,		
	ted Liability Company is:		
	Donut Depo		<del></del>
(Must e	nd with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC	2.")
ARTICLE II - Addre The mailing address a		incipal office of the Limi	ted Liability Company is:
Principal Office Add	ress:	Mailing Address:	
1531 Manor Way Deland, Fl 32720		EFFECTIVE	DATE 8/18/09
	stered Agent, Registered any cannot serve as its own Regist e Florida registration.)		
The name and the Flor	rida street address of the re	egistered agent are:	FIII IUG 2
	Tandy W	atson	- H
	Name		用 宝口
	1531 Mano		FLORE T
	Florida street address (P.O.	Box NOT acceptable)	
	Deland, FI 32720	FL	<b>3</b>
	City, State, ar	nd Zip	Mark of the second seco

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)

(CONTINUED)

## Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Carolyn Watson, MGRM 1531 Manor Way Deland, Fl 32720
MGRM	Tandy Watson 1531 Manor Way, Deland, Fl 32720
<del>- · · · · · · · · · · · · · · · · · · ·</del>	
(Use attachment if necessary)	
	nan the date of filing: August 18, 2009 (OPTIONAL nust be specific and cannot be more than five business days
Signature of a	member or an authorized representative of a member.
of this docume	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury tated herein are true.)
	Tandy Watson
Filing Fees:	Tandy Watson Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)