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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THOMAS M. CLARK, P.A.

Account Number: 072100000445 : (954)776-3800 Phone Fax Number : (954)776-3825

\*\*Enter the email address for this business entity to be used for futilize annual report mailings. Enter only one email address please. \*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO.

Sunset Strip Donuts, LLC

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ARTICLES OF ORGANIZATION OF SUNSET STRIP DONUTS, LLC "2010 HAR IJ AM 8: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

### ARTICLE ONE

The name of this limited liability company shall be SUNSET STRIP DONUTS, LLC

## **ARTICLE TWO**

The period of duration shall be perpetual.

# ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

#### ARTICLE FOUR

The business address of this limited liability company shall be 10019 Sunset Strip, Sunrise, FL 33322. The mailing address of this limited liability company shall be 3385 NW 53<sup>rd</sup> Circle, Boca Raton, FL 33496. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, Fort Lauderdale, Florida 33308.

#### ARTICLE FIVE

This limited liability company has at least one member,

# **ARTICLE SIX**

This limited liability company shall be managed by a manager or managers.

THOMAS M CLARK

Fax Audit No. H10000056172 3

# FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT SUNSET STRIP DONUTS, LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, SUITE 820, FORT LAUDERDALE, FLORIDA 33308 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

THOMAS M. CLARK

TITLE: AUTHORIZED REPRESENTATIVE OF MEMBER(S)

DATE: March \_\_\_\_\_\_, 2010

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

**SIGNATURE** 

THOMAS M. CLARK, REGISTERED AGENT

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