

L10000027882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

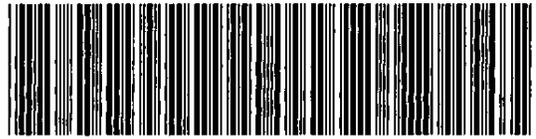
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300170852073

03/11/10--01005--021 \*\*125.00

FILED  
10 MAR 11 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
MAR 12 2010  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BAGELS & BEYOND LLC.**  
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:

MICHAEL PERANIO  
Name of Person

BAGELS & BEYOND LLC.  
Firm/Company

3462 INDIAN RIVER ST  
Address

SPRING HILL FLORIDA 34609  
City/State and Zip Code

MPERANIO@TAMPABAY.RR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL PERANIO at ( 352 ) 585-1037  
Name of Person 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:

BAGELS & BEYOND LLC.

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

FILED  
10 MAR 11 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

3462 INDIAN RIVER ST  
SPRING HILL FL 34609

3462 INDIAN RIVER ST  
SPRING HILL FL 34609

**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:

MICHAEL PERANIO

Name

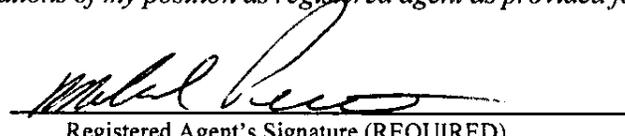
3462 INDIAN RIVER ST

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

SPRING HILL FL 34609

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)

(CONTINUED)

