

L100000097434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

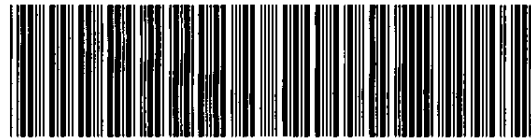
Special Instructions to Filing Officer:

A. LUNT

SEP 17 2010

EXAMINING

Office Use Only



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09/15/10--01022--004 **480.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-Marujo •
Thomas E. Romano •

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

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

September 14, 2010

Via: Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**Re: Del Donuts, LLC
Mona Donuts, LLC
Zira Donuts, LLC
Our File No. 14774**


To Whom It May Concern:

Enclosed please find a check in the amount of \$480.00 representing the amount due for the filing fee, Certificate of Status and Certified Copy of the Articles of Organization to form the above-referenced companies. Please return the Certified Copies of the Articles of Organization and Certificates of Status to this office in the enclosed self-addressed federal express envelope provided.

Please call with any questions.

Very truly yours,

LISA & SOUSA, Ltd.



Sandra Sousa-Marujo, Esq.

Enclosure
SSM/jsm

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEL DONUTS, 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:

Sandra Sousa-Marujo, Esquire

Name of Person

Lisa & Sousa, Ltd.

Firm/Company

5 Benefit Street

Address

Providence, Rhode Island 02904

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Sousa-Marujo, Esquire

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

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEL DONUTS, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

7644 W. Irls Bronson Memorial Boulevard
Kissimmee, Florida 34747

Mailing Address:

7644 W. Irls Bronson Memorial Boulevard
Kissimmee, Florida 34747

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:

Louis Arruda

Name

7644 W. Irls Bronson Memorial Boulevard

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

Kissimmee

FL 34747

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)

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TALLAHASSEE, FLORIDA

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:

MGR

Louis Arruda

7644 W. Irla Bronson Memorial Boulevard

Kissimmee, Florida 34747

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of 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.)

Louis Arruda, Manager

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)