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EXAMINER

COVER LETTER

	ion Section of Corporations		
surrect: Fra	y's Donut House T	yrone, LLC	
		ted Liability Company	
The enclosed Articl	les of Organization and fee(s) are	submitted for filing.	
Please return all cor	rrespondence concerning this ma	tter to the following:	
<u>William</u>	n D. Fray II	. CD	
 .		Name of Person	
Fray's	Donut House Tyroi	ne, LLC	
		Firm/Company	
4419 6	6th Street North		
	,	Address	
Kenneth	City FL 33709-4921		
	Ci	ty/State and Zip Code	
bill@fray			
	E-mail address: (to be used	for future annual report notific	cation)
For further informat	tion concerning this matter, pleas	e call:	
William D. Fra	ay II	at (813) 514	-3029
· N	ame of Person	Area Code & Dayt	ime Telephone Number
Enclosed is a chec	ck for the following amount:		ime Telephone Number ACCORE TANAS 8. \$160.00 Filing Fees
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee of Certified Copy (additional copy is enclosed)	Certificate of Matus
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	ion corations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICI	Æ I	- Na	me

The name of the Limited Liability Company is:

Fray's Donut House Tyrone, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3832 Tyrone Blvd	4419 66th Street North
St. Petersburg FL 33709	Kenneth City FL 33709-4921

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:

William D. Fray II

Name

7403 46th Ave N Lot 127

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

St. Petersburg

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)

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:	
MGR	William D. Fray II	
	7403 46th Ave N Lot 127	
	St. Petersburg FL 33709	
MGR	G. Mark Hardy	
	PO Box 10101	
	Largo FL 33773	
·		
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONA be specific and cannot be more than five business day	L)
CLE V: Effective date, if other than the	be specific and cannot be more than five business day	L)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	De specific and cannot be more than five business day	L)
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a member of a manual part of a	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penaltics of perjury that the facts stated herein are true, mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	L)
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a management of the constitutes an affirmation under I am aware that any false information constitutes a third degree felon william D. France of the constitutes are the constituted of the constitutes are the constit	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) ay II yped or printed name of signee	L)