L 11000134640

(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

B. KOHR

NOV 2 9 2011

EXAMINER



400213100204

DESIGNATIONS
DEVISION OF CONPURATIONS
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11-29-2011

NAME:

417 DONUTS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN:

CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 417 DONUTS, LLC	
Name of Limited I	iability Company
The enclosed Articles of Organization and fec(s) are sub-	nilled for filing.
Please return all correspondence concerning this matter to	the following:
Mr. Larry M. Lemos	
Nar	ne of Person
c/o LEMOSdevelopmentGR0	
Pin	n/Company
10395 Narcoossee Road, Sul	te 100
	Address
Orlando, FL 32832	
City/Sin	e and Zip Code
LSNLemos@aol.com B-mall address: (to be used for fu	are Supral report untilication)
For further information concerning this matter, please call	·
Larry Lemos	Area Code & Daytimo Telephone Number
Name of Person	Area Code & Daytimo Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	1155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed) \$160.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314	Street/Courley Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301

Month of the State ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

417 DONUTS, 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:

Orlando, Florida 32832

Principal Office Address: Mailing Address: 13306 S. Orange Blossom Trail c/o LEMOSdevelopmentGROUP, LLC 10395 Narcoossee Road, Suite 100 Orlando, Florida 32837

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 Plorida registration.)

The name and the Florida street address of the registered agent are:

Larry M. L	emos
	Namo
c/o 10395	Narcoossee Road, Suite 100
<u>.,</u>	Florida street address (P.O. Box NOT acceptable)
Orlando	32832
	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..

Registeros (gent's Signaturo (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	Larry M. Lemos
	11113 Bughenhagen Drive
	Orlando, FL 32832
(Use attachment if necessary)	
(Oso attachment if Hecessary)	
` ' '	d 1. ANU (ATMICANTAL)
ICLE V: Effective date, if other tha	on the date of filing:
ICLE V: Effective date, if other that effective date is listed, the date in	on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date in	on the date of filing:
ICLE V: Effective date, if other that effective date is listed, the date in	on the date of filing:
ICLE V: Effective date, if other that effective date is listed, the date in	on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.)	on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.)	on the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days
ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days fember or an authorized representative of a member.
ICLE V: Effective date, if other that effective date is listed, the date in 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a part of	ust be specific and cannot be more than five business days

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)