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OCT 12 2012

EXAMINER



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16.7 INTERDED 10 ACKNOWLEDGE SUFFICIENCY OF FILING 2012 8CT 11 AM (1: OO

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION

12 DCT | AH ID: 23
SECRETARY OF STATE

ACCOUNT NO. : I2000000195

REFERENCE: 377028 7839690

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AUTHORIZATION _:

COST LIMIT :

ORDER DATE: October 10, 2012

ORDER TIME : 4:43 PM

ORDER NO. : 377028-010

CUSTOMER NO: 7839690

DOMESTIC FILING

NAME: BLUE HERON DONUTS, LLC

XX __ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 52949

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Sec Division of Corp			
_{subject:} Blue He	eron Donuts, LLC	D .	
	Name of Limited	l Liability Company	
			72 PS 70
The enclosed Articles of C	Organization and fee(s) are su	bmitted for filing.	12 OCT 11 P
Please return all correspor	dence concerning this matter	r to the following:	PSS T
Daniel Boy	<i>N</i> ers		4.0
<u>Barnor Bor</u>		Name of Person	700
Juno Beac	h Donuts II, LLC	·	REP
<u> </u>		Firm/Company	
803 Donald	d Ross Road		
		Address	
Juno Beach,	Florida 33408		
	City/	State and Zip Code	
dbowers@jur	nodonuts.com		
	E-mail address: (to be used for	future annual report notification)	
For further information co	nceming this matter, please o	eall:	
Daniel Bowers	· · · · · · · · · · · · · · · · · · ·	at (561) 624-1588	
Name of	Person	Area Code & Daytime Teler	ohone 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT		T	τ.	N	احتصا	٠.
1	KI	L	æ	1	- IN	ш	e:

The name of the Limited Liability Company is:

Blue Heron 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 Con

n .		A 600	
Prin	cınal	Office	Address:

Mailing Address:

803 Donald Ross Road

Juno Beach, FL 33408

803 Donald Ross Road

Juno Beach, FL 33408

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32307-2525 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..

> Kimberly B. Morei as its agent

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Mem	iber
MGR	Juno Beach Donuts II, LLC
	803 Donald Ross Road
	Juno Beach, Florida 33408
(Use attachment if necessary	<i></i>
CLE V: Effective date, if othe	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days pr
90 days after the date of filing	
REQUIRED SIGNATURE	r.
<u>KEQUIKES</u> OIGHAT OK	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(1)
Signature o	f a member or an authorized representative of a member.
constitutes an affirm	section 608,408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true, false information submitted in a document to the Department of State

Daniel Bowers

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)