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| Special Instructions to Filing Officer: |
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Office Use Only



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EFFECTIVE DATE 04-14-14



B. BOSTICK

APR 2 2 2014

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|-------------|---|---|--|
| SUBJI | ECT: Chickasaw Donuts, LLC Name of Li | mited Liability Company | |
| The en | closed Articles of Organization and fee(s) a | are submitted for filing. | |
| Please | return all correspondence concerning this m | natter to the following: | |
| | Larry M Lemos | Name of Person | |
| | | Name of 1 cison | |
| | Chickasaw Donuts, LLC | | |
| | | Firm/Company | |
| | 2328 S Chickasaw Trail Unit 17A | | |
| | | Address | |
| | Orlando, FL 32825 | City/State and Zip Code | |
| | | only/builte and zip code | |
| _ _ | SNLemos@aol.com E-mail address: (to be use | ed for future annual report notifica | ition) |
| For fu | ther information concerning this matter, ple | ase call: | |
| | | | 5.0 5.0 |
| Larry | | 860) <u>614-2708</u> | · · · |
| | Name of Person | Area Code Daytime Tel | lephone Number |
| Enclos | ed is a check for the following amount: | | ., ., |
| Z \$125.0 | 00 Filing Fee \$\Bigcup \frac{1}{30.00}\$ Filing Fee \$\&\ \text{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 Position Section | Street/Courier Add | ress |
| | Registration Section Division of Corporations P.O. Box 6327 | Registration Section Division of Corporat Clifton Building | ions |

Tallahassee, FL 32314

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: | | |
|--|--|--|---|
| | , , , | | |
| Chickasaw Donuts, LL | | | |
| (M | ust end with the words "Lim | ited Liability Company, "L.L.C.," or | "LLC.") |
| ARTICLE II - Address The mailing address and | = | al office of the Limited Liability Con | npany is: |
| Principal Office Addres | <u>ss:</u> | Mailing Address: | |
| 10395 Narcoossee Ro Orlando, FL 32832 | pad Suite 100 | 10395 Narcoossee Road S Orlando, FL 32832 | Suite 100 |
| (The Limited Liability Coanother business entity v | | | |
| The name and the Florida | a street address of the registe | ered agent are. | |
| Ţ | arry M Lemos | | |
| | Na | ame | |
| , | 10395 Narcoossee Road | Suito 100 | |
| | Florida street address (P.O. | | |
| | | , | |
| <u>(</u> | <u>Orlando</u> | FL 32832 | |
| | City | Zip | |
| the place designated capacity. I further agre | in this certificate, I hereby ac ee to comply with the provision of familiar with and accept the | of service of process for the above state except the appointment as registered agons of all statutes relating to the proper obligations of my position as registed appear 605, F.S | gent and agree to act in this er and complete performance |
| | | | : |
| | Registered Agent's Si | gnature (REQUIRED) | |
| | | | 1 marin |
| | (CONTI | NUED) | Harmer Harmer Land |
| | ps | | |
| | Page 1 | 1 1 II Z | |

| (Use attachment if necessary) E. V: Effective date, if other than the date of filing: April 16th 2014 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 if filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a flember or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Larry M Lemos Typed or printed name of signee | MGR" = Manager Larry M Lemos | MGR" = Manager Larry M Lemos 11113 Bugenhagen Drive Orlando, FL 32832 | **Control of the second of the | <u>Title:</u> | Ī | Name and Address: | |
|---|--|--|--|--|--|--|--|
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ARTICLE IV-