

U14000131033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

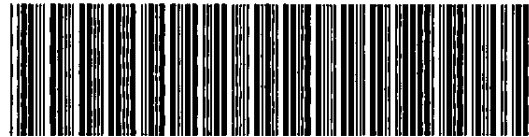
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEE'S 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:

DENICE M. BEIGHLE
Name of Person

DEE'S Donuts
Firm/Company

60 AUDUBON LANE
Address

FLAGLER BEACH, FLA 32136
City/State and Zip Code

DENICEBEIGHLE@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENICE BEIGHLE at (386) 547-5441
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEE'S 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:

Principal Office Address:

103 South State St.
BUNNELL FLORIDA
32110

Mailing Address:

60 AUDUBON LANE
FLAGLER BEACH
FLORIDA 32136

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:

DENICE M. BEIGHLE
Name
60 AUDUBON LANE
Florida street address (P.O. Box NOT acceptable)
FLAGLER BEACH FL 32136
City Zip

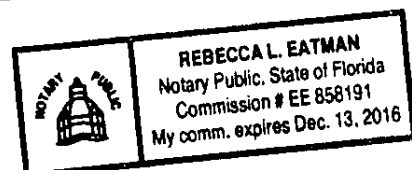
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 605, F.S.

Denise Beighle
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FL COUNTY OF Flagler
Acknowledged before me this 18 day of May 2014
by Denise Beighle who personally known
or who has produced EOC as identification.



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

LAWRENCE E. BEIGHLE
60 AUDUBON LANE
FLAGLER BEACH, FL 32136

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08-25-2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Denise Beighle

Signature of a member 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.)

DENICE M. BEIGHLE

Typed or printed name of signee

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)

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STATE OF FLORIDA COUNTY OF CLAY
Acknowledged before me this 19 day of Aug 2014
by Denise Beighle who personally known
or who has produced ID as identification.

