

L150000/4588

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
BREAKFAST STATION 7, LLC

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K. SALY
EXAMINER

JAN 27 2015

re-fax:
1/26/15



January 26, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: BREAKFAST STATION 7, LLC
REF: W15000005093

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000019123
Letter Number: 015A00001492

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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P.O BOX 6327 - Tallahassee, Florida 32314

415000019123

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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2015 JAN 23 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

BREAKFAST STATION 7, LLC

ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE
LIMITED LIABILITY COMPANY IS:

8405 NORTHCLIFFE BLVD.
SPRING HILL, FLORIDA 34606

ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF
THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

BRYAN R. NELSON
8405 NORTHCLIFFE BLVD.
SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: 1-23-15

X 128-227
BRYAN R. NELSON

ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS

m)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AS FOLLOWS:

MANAGER/MEMBER: BRYAN R. NELSON
8405 NORTHCLIFFE BLVD.
SPRING HILL, FLORIDA 34606

MEMBER: CHRISTOPHER J. ZAHRINGER
8090 NIGHTWALKER ROAD
BROOKSVILLE, FLORIDA 34613

MEMBER: CHRISTOPHER L. MORRA
6247 LORRAINE DRIVE
SPRING HILL, FLORIDA 34608

DATED: 1.23.15

X123-72-2
BRYAN R. NELSON

IN ACCORDANCE WITH SECTION 605.0105, FLORIDA STATUTES, THE
EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER
PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

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