

L15000 018041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

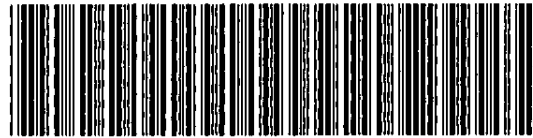
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 JAN 29 PM 4:27
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SUFFICIENCY OF FILING

FILED
15 JAN 29 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2015

T. HAMPTON

ACCOUNT NO. : I20000000195

REFERENCE : 479539 82466A

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 160.00

ORDER DATE : January 27, 2015

ORDER TIME : 3:18 PM

ORDER NO. : 479539-005

CUSTOMER NO: 82466A

DOMESTIC FILING

NAME: CFE DONUTS, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION

_____ CERTIFICATE OF LIMITED PARTNERSHIP

XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY

_____ PLAIN STAMPED COPY

XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION FOR
CFE DONUTS, LLC**

ARTICLE I - Name and Purpose: The name of the Limited Liability Company is **CFE DONUTS, LLC** (the COMPANY), and its purpose is to conduct all activities legally permitted to it.

ARTICLE II - Address: The street and mailing addresses of the COMPANY'S principal office are:

Street Address:

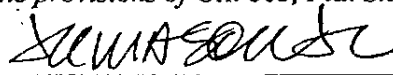
11089 Spring Hill Drive
Spring Hill, Florida 34608-5000

Mailing Address:

11089 Spring Hill Drive
Spring Hill, Florida 34608-5000

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent is **Joseph M. Mason, Jr., Esq., 101 South Main Street, Brooksville, Florida 34601-3336.**

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in that capacity. I further agree to comply with all statutory provisions relating to the proper and complete performance of my duties. I am familiar with and accept the obligations of my position as registered agent pursuant to the provisions of Ch. 605, Fla. Stat., therefor.


JOSEPH M. MASON, JR., as Registered Agent

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

Members

Cathleen R. Cavanagh,
Thomas J. Masson, and Susan T. Masson
3125 Commercial Way
Spring Hill, Florida 34606-3323

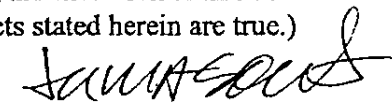
Managers:

Thomas J. Masson and Susan T. Masson
3125 Commercial Way
Spring Hill, Florida 34606-3323

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15 JAN 29 AM 10:25
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TALLAHASSEE, FLORIDA

ARTICLE V: The effective date of these Articles of Organization is the date of execution hereof.

EXECUTED or January 29, 2015, for the purposes hereinabove stated. (In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


JOSEPH M. MASON, JR., as Organizing Agent,
and authorized representative of a member