

LI 500 0046423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

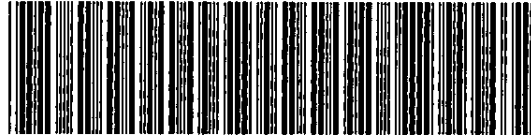
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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02/23/15--01047--002 **130.00

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15 MAR -2 AM 11:57
MAR 14 2015
FILING OFFICE
ST. LOUIS, MO

J. Shivers MAR 17 2015

3571



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

HERB SERPA
22 EQUESTRIAN RD
SALEM, NH 03079

SUBJECT: WALSINGHAM DONUTS, LLC
Ref. Number: W15000014301

We have received your document for WALSINGHAM DONUTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00004104

Herbert J. Serpa
22 Equestrian Road
Salem, NH 03079

E-Mail: herbertserpa@gmail.com
Cell. 781-526-5105
Fax: 603-458-1998

Date: **January 28, 2015**

To: **Registration Section**
Division Of Corporation
PO BOX 6327
Tallahassee, FL 32314

From: **Herbert Serpa**

RE: **Articles of Organization to be filed for:**
WALSINGHAM DONUTS,LLC

Message: **I am enclosing a check for \$130.00 including certificated of status.**

I am including the articles of Organization. Enclosed is an extra copy to be returned with self addressed envelope.

Thank You FOR YOUR ASSISTANCE

Herb Serpa
781-526-5105

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALSINGHAM 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:

6602 SEAFARER DR
TAMPA FL 33615

Mailing Address:

P.O. BOX 1799
OLDS MAR, FL 34677

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:

GREGG SERPA

Name

6602 SEAFARER DR

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

Tampa

City

FL

33615

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..

Gregg Serpa

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TAMPA FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR / AMBR

AMBR

AMBR

MGR

Name and Address:

GREGG SERPA
6602 SEAFARER DR
TAMPA FL 33613

ANDRE SERPA
881 E FIRST ST. UNIT 403
BOSTON, MA 02127

HERBERT SERPA

ALEX DA SILVA
6719 BRIGHTON PARK
APOLLO BEACH, FL 33572

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Gregg Serpa

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.)

GREGG SERPA

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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