Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000125448 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: INCORPORATING SERVICES FL

Account Number : 120050000052

Phone

: (850)656-7956

Fax Number

: (850)656-7953

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

Email Address:

vikp@purplesquaremgmt.com

മ

## FLORIDA LIMITED LIABILITY CO. 34th Street South Donuts, LLC .

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

No. 0190 P. 2/4

14. 2V. 2V	IV L. III .	•	
RTICLE I	ARTICLES OF ORGANIZATION FOR FLOR - Name: the Limited Liability Company is: 34th Street South Donuts		FILED 16 HAY 20 PH 12: ; SECRETARY OF STATE TALLAHASSEE FLORIS
	(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
	l - Address: ddress and street address of the principal office  Principal Office Address:	of the Limited Liability Company is:  Mailing Address	<b>z</b> .
		·	
	1417 US 19 North	18417 US 19 North Clearwater, FL 33764	
The Limited	A - Registered Agent, Registered Office, & Re Liability Company cannot serve as its own Regi less entity with an active Florida registration.)		idual or
he name and	d the Florida street address of the registered age:	nt are:	•
	Vikalp Patel	<u>·                                     </u>	,
	Na	me	
	18417 US 19 North		
	Florida street address (P.	D. Box <u>NOT</u> acceptable)	

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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..

Registered Agent's Signature (REQUIRED)

State

(CONTINUED)
Page 1 of 2

•

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MOR	Angel 469, LLC
	18417 US 19 North
	Clearyvater, FL 33764
<del></del>	
	<del></del>
	<del></del>
•	
ective date is listed, the date must be sp	of filing:, (OPTIONAL) secific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department EVI: Other provisions, If any.	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.) If the date inserted in this block does not a ment's effective date on the Department EVI: Other provisions, If any.	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.) The date inserted in this block does not amont's effective date on the Department EVI: Other provisions, If any.	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)  'the date inserted in this block does not ament's effective date on the Department E-VI: Other provisions, if any.  REOLURED SIGNATURE:  Signature of a many fals document is executed an aware that any fals	necific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spot filing.)  'the date inserted in this block does not ament's effective date on the Department EVI: Other provisions, if any.  REOLURED SIGNATURE:  Signature of a many fals document is executed an aware that any fals	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  e information submitted in a document to the Department of State.

Page 2 of 2

FILED 16 MAY 20 PM 12: 36

The purpose for which this Limited Liability Company is organized is: ALLAHASSEEFLORIOA

- I. To develop, sequire, own, and operate one or more Dunkin' Donuts and/or Baskin-Robbins franchises, and to conduct all business and financing activities related to those franchises.
- To develop, acquire, own, and lease any real or personal property used in II, connection with such franchises, including the fluancing of same.