

L16000128480

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

112932

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.

(((H16000162700 3)))



H160001627003ABX

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

16 JUL -6 AM 8:21

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

16 JUL 13 PM 3:48

**FLORIDA LIMITED LIABILITY CO.
BAGEL BROTHERS DELI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

112932**RUSH**

*I do not see
nothing wrong
with the articles.*

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2/12
7/13*

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July 13, 2016

CORP USA

FLORIDA DEPARTMENT OF STATE
Division of CorporationsSUBJECT: BAGEL BROTHERS DELI LLC
REF: W16000047363FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6052.

Gina McLeod FAX Aud. #: H16000162700
Regulatory Specialist II Supervisor Letter Number: 216A00014210
New Filing Section

P.O BOX 6327 - Tallahassee, Florida 32314

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**FLORIDA LIMITED LIABILITY CO.
BAGEL BROTHERS DELI LLC**

Certificate of Status	0
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Estimated Charge	\$125.00

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<https://efile.sunbiz.org/scripts/efilcovr.exe>

7/6/2016

DATE, TIME	07/13 10:45
FAX NO./NAME	18506176381
DURATION	00:03:15
PAGE(S)	07
RESULT	OK
MODE	STANDARD
ECM	

TIME : 07/13/2016 10:45
NAME : CORP USA
FAX : 3056339696
TEL : 18085862685
SER.# : BR066J504820

TRANSMISSION VERIFICATION REPORT

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 635-9696

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

Email Address: _____

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BAGEL BROTHERS DELI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA
16 JUL -6 AM 8:41
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BUSY/ BUSY/NO RESPONSE

07/12 16:41
18506176381
00:00:00
BUSY
STANDARD

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

TIME : 07/12/2016 16:41
NAME : CORPUSA
FAX : 3056339696
TEL : 3056343594
SER.# : BR087J612820

TRANSMISSION VERIFICATION REPORT

page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (950) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BAGEL BROTHERS DELI LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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7/6/2016

BUSY: BUSY/NO RESPONSE

DATE, TIME	07/12 15:58
FAX NO./NAME	18506176381
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

TIME : 07/12/2016 15:58
NAME : CORPUSA
FAX : 3056339696
TEL : 3056343694
SER.# : BROB7J612820

TRANSMISSION VERIFICATION REPORT

4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAGEL BROTHERS DELI 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:

JONATHAN RAPP

Name of Person

Firm/Company

5850 SOUTH PINE ISLAND ROAD

Address

DAVIE FL 33328

City/State and Zip Code

RAP343@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN RAPP

786

315-3443

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAGEL BROTHERS DELI 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:

Mailing Address:

5850 SOUTH PINE ISLAND ROAD
DAVIE, FL 33328

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:

JONATHAN RAPP

Name

5850 SOUTH PINE ISLAND ROAD

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

DAVIE

FL

33328

City

State

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.

J + R

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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:

JONATHAN RAPP

5850 SOUTH PINE ISLAND ROAD

DAVIE, FL 33328

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JONATHAN RAPP

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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TALLAHASSEE, FLORIDA