

Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000162700 3)))



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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)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

BAGEL BROTHERS DELI LLC

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7/6/2016

CORPUSA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

July 13, 2016

SUBJECT: BAGEL BROTHERS DELI LLC

REF: W16000047363

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.

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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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> > TRAMSMISSION VERIFICATION REPORT

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

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

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Email Address:

FLORIDA LIMITED LIABILITY CO.

BAGEL BROTHERS DELI LLC

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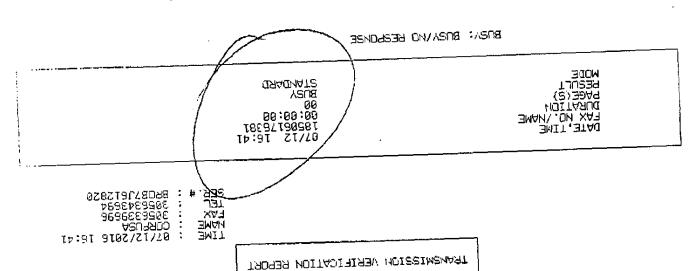
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COVER LETTER

	Registration Section Division of Corporations			
aun ma	BAGEL BROTHERS DELI LLC			
SUBJEC	Name of Limit	ed Liability Company		
The enck	osed Articles of Organization and fee(s) are s	ubmitted for filing.		
Please re	turn all correspondence concerning this matte	er to the following:)=1 (x)
	JONATHAN RAPP		ج ج	
		Name of Person	9	
		Pirm/Compuny	AH S:	
	5850 SOUTH PINE ISLAND ROAD	·	22	OPE STATE
		Address		32*
	DAVIE FL 33328			
	City RAP343@AOL.COM	/State and Zip Code		
	E-mail address: (to be used for	or future annual report notification)		
For furthe	r information concerning this matter, please o	ealt:		
	JONATHAN RAPP 786	315-3443		
		a Code Daytime Telephone Number		
Enclosed	i is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is snolosed) Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassoe, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ! - Name: The name of the Limited Lizbilit	y Company is:			
BAGEL BROTHER	S DELI LLC			
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address;		Malling Address:	
5850 SOUTH PINE DAVIE, FL 33328	ISLAND ROAD			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.		tual or
The name and the Plorida street	address of the registered	d agent are:		SEC ALL
	JONATHAN RAPP			Comments of the Comments of th
		Name		
	5850 SOUTH PINE			
	Florida street addres	is (P.O. Box <u>NOT</u> a	cceptable)	
	DAVIE	FL	33328	တ္ ျပ
	City	State	Zip	22 22
Having been named as registered of place designated in this certificate, further agree to comply with the plant familiar with and accept the ob	I hereby accept the app ovisions of all statutes r ligations of my position	cointiment as registericating to the proper as registered agent. Hered Agent's Signal	ed agent and agree to act in the and complete performance of as provided for in Chapter 60:	is capacity. I Tmy ctutles, and I
		(CONTINUED)		

Page I of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager AMBR	JONATHAN RAPP	
AMDR	5850 SOUTH PINE ISLAND ROAD	
	DAVIE, FL 33328	
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(Hearthachment if management)		\sim
fective date is listed, the date must be spi of filing.)	of filing: (OPTIONAL) celfic and cannot be more than five business days prior to or 98	days
EV: Effective date, if other than the date fective date is listed, the date must be spoof filling.)	ecific and cannot be more than five business days prior to or you	days
E. V: Effective date, if other than the date lective date is listed, the date must be spoof filing.) If the date inserted in this block does not numeral's effective date on the Department.	ecific and cannot be more than five business days prior to or you	days
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E.V: Effective date, if other than the date lective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathematical and aware that any false.	ecific 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.	days
E.V: Effective date, if other than the date fective date is listed, the date must be spoof filing.) If the date inserted in this block does not nument's effective date on the Department. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mathris document is executed an aware that any false.	meet the applicable statutory filling requirements, this date will not of State's records.	days

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