

L16000150079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

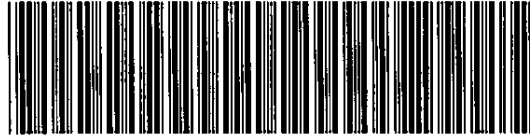
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/03/16--01027--007 \*\*125.00

FILED  
2016 AUG -3 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 2, 2016

**VIA UPS**

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

2016 AUG -3 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: South Bayview Avenue Donuts, LLC  
**Articles of Organization Filing**

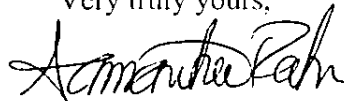
Dear Sir or Madam:

Enclosed please find the following documents in connection with the above referenced matter:

1. The Cover Letter for South Bayview Avenue Donuts, LLC;
2. One (1) copy of the fully executed Articles of Organization; and
3. Check in the amount of \$125.00 representing the filing fee in connection with this filing.

Please file the attached documents accordingly. Should you have any questions please contact me at 973-747-3225 or [samantha@paslawfirm.com](mailto:samantha@paslawfirm.com)

Very truly yours,



Samantha M. Rahn

Encls.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** South Bayview Avenue Donuts, 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:

Samantha Rahn

Name of Person

Paris Ackerman & Schmierer LLP

Firm/Company

103 Eisenhower Parkway

Address

Roseland, NJ 07068

City/State and Zip Code

vikp@purplesquaremgmt.com

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

For further information concerning this matter, please call:

Samantha Rahn

973

747-3225

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH BAYVIEW AVENUE 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:

18417 US 19 North  
Clearwater, FL 33764

Mailing Address:

18417 US 19 North  
Clearwater, FL 33764

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:

Vikalp Patel

Name

18417 US 19 North

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

Clearwater

FL

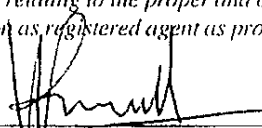
33764

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 AUG -3 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, 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

**Name and Address:**

Angel 469, LLC

18417 US 19 North

Clearwater, FL 33764

(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:

Please see attachment

**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.

Vikalp Patel

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)

## ARTICLE VI

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

- I. To develop, acquire, 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.
- II. To develop, acquire, own, and lease any real or personal property used in connection with such franchises, including the financing of same.

2016 AUG -3 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA