

L22 000279335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

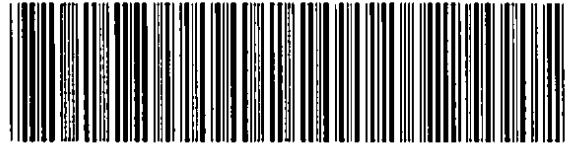
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2022 JUN 17 PM 4:12

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2022 JUN 17 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: \$125.00

Authorization Signature: \_\_\_\_\_

*James Tull*

Ava Marie Donuts, LLC  
BUSINESS

DOCUMENT #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy

\_\_\_ Certificate of Domestication

\_\_\_ Certificate of Status

**NEW FILINGS**

**AMMENDMENTS**

\_\_\_ Profit

\_\_\_ Amendment

\_\_\_ Not for Profit

\_\_\_ Resignation of R.A. Officer/Director

X \_\_\_ Limited Liability

\_\_\_ Change of Registered Agent

\_\_\_ Domestication

\_\_\_ Dissolution/Withdrawal

\_\_\_ Other

\_\_\_ Merger

\_\_\_ CORP

\_\_\_ Conversion

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Annual Report

\_\_\_ Foreign filing

\_\_\_ Fictitious Name

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ APOSTILLE () \_\_\_  
Country

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: AVE MARIA 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:

SETH E. ELLIS, ESQ.

\_\_\_\_\_  
Name of Person

ELLIS LAW GROUP, P.L.L.

\_\_\_\_\_  
Firm/Company

4755 TECHNOLOGY WAY, SUITE 205

\_\_\_\_\_  
Address

BOCA RATON, FL 33432

\_\_\_\_\_  
City/State and Zip Code

Seth@Ellis-Law.com

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

For further information concerning this matter, please call:

Richard C. Vaughan, Esq.

561

910-7500

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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2022 JUN 17 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

AVE MARIA DONUTS, LLC

(Must contain 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:

6685 Collier Blvd.

Naples, FL 34114

6685 Collier Blvd.

Naples, FL 34114

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:

Seth E. Ellis, Esq.

Name

4755 Technology Way, Suite 205

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

Boca Raton

FL

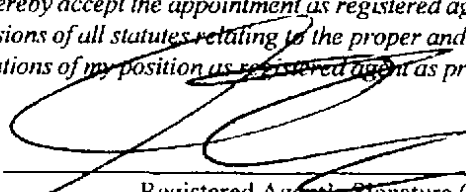
33431

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)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MK COFFEE MANAGEMENT, LLC  
6685 Collier Blvd.  
Naples, FL 34114

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

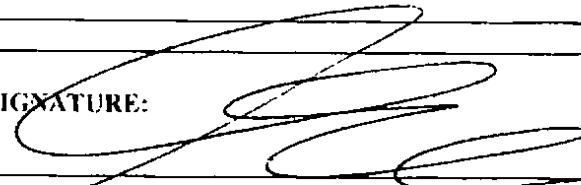
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

SETH E. ELLIS, ESQ., authorized representative

Typed or printed name of signer

**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)