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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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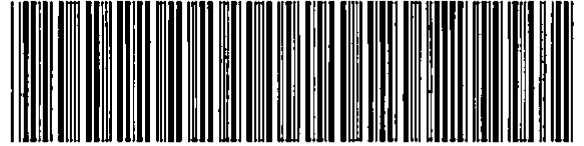
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CAFUA MANAGEMENT
COMPANY LLC & Affiliates**

LEGAL DEPARTMENT

Eugene H. Gaudette, Esq.

General Counsel

897 Main Street
P.O. Box N
Sanford, Maine 04073

ehg@ehglaw.com email
207-324-1551 office
207-636-8480 fax

August 29, 2019

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

RE: CMC Administrative Payroll Company LLC & CMC Payroll Management Company LLC

To Whom It May Concern:

Enclosed for consideration and filing please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with regard to the above referenced entities. Also enclosed are checks in the amount of \$125.00 each, representing the fees for these transactions.

If you have any questions please do not hesitate to contact my office.

Sincerely yours,

Eugene H. Gaudette

EHG/tc
Enclosures

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DONUTS**

AN INDEPENDENTLY OWNED AND OPERATED FRANCHISE NETWORK.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CMC Administrative Payroll Company LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tiffany Camire

Name of Person

Law Office of Eugene H. Gaudette

Firm/Company

PO Box N

Address

Sanford, ME 04073

City/State and Zip Code

tiffany@ehglaw.com

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

For further information concerning this matter, please call:

Tiffany Camire

207

324-1551

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CMC Administrative Payroll Company LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3474489

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 280 Merrimack St

(Street Address of Principal Office)

Methuen, MA 01844

6. 280 Merrimack St

(Mailing Address)

Methuen, MA 01844

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eugene H. Gaudette

Office Address: 12236 Tillinghast Circle

Palm Beach Gardens

(City)

, Florida 33418

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Mark Cafua

☐ Member Address: 280 Merrimack St

☐ Authorized Methuen, MA 01844

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: David Cafua

☐ Member Address: 280 Merrimack St

☐ Authorized Methuen, MA 01844

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Gregory Cafua

☐ Member Address: 280 Merrimack St

☐ Authorized Methuen, MA 01844

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

Mark Cafua

Typed or printed name of signer

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMC ADMINISTRATIVE PAYROLL COMPANY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CMC ADMINISTRATIVE PAYROLL COMPANY LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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APPROVED
ADO
FILED




Jeffrey W. Bullock, Secretary of State

7233122 8300

SR# 20196667344

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203461650

Date: 08-22-19