

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| · ,                                     |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| (Onyoutorziph Hono #)                   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only

G. MCLEOD

OCT 19 2010

**EXAMINER** 



200186644722

10/18/10--01040--019 \*\*130.00

10 OCT 18 PM 1:27
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section

| Division of Corporations          |   |   |   |  |  |  |  |
|-----------------------------------|---|---|---|--|--|--|--|
| SUBJECT: World Y                  | ogurt 1 LLC   |   |   |  |  |  |  |
| Name of Limited Liability Company |   |   |   |  |  |  |  |
| The enclosed Articles o           | f Organization and fee(s) are   | submitted for filing                                | <b>3</b> .  |  |  |  |  |
| Please return all corresp         | ondence concerning this matt  | ter to the following                                | ;   |  |  |  |  |
| Richard M. M                      | ogerman, Esq.   |   |   |  |  |  |  |
|                                   |   | Name of Person                                      |   |  |  |  |  |
| Richard M. M                      | ogerman, P.A.   |   |   |  |  |  |  |
|                                   |   | Firm/Company  |   |  |  |  |  |
| 8211 West Br                      | oward Boulevard, Suite 2  | 200   |   |  |  |  |  |
| Address                           |   |   |   |  |  |  |  |
| Plantation, Flo                   | orida 33324   |   |   |  |  |  |  |
|                                   |   | y/State and Zip Code                                | :   |  |  |  |  |
| markmog@be                        | ellsouth.net  E-mail address: (to be used to  | for future annual repo                              | ort notification)   | <u> </u>   |  |  |  |
| For further information           | concerning this matter, please  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |  |  |  |  |
| To remove into medical            | concerning this matter, prease  | o vair.   |   |  |  |  |  |
| Richard M. Mogerman               |   | _ at (_954  | 475-7171  |  |  |  |  |
| Name of Person                    |   | Area Code   | & Daytime Tele  | phone Number   |  |  |  |
| Enclosed is a check for           | or the following amount:  |   |   |  |  |  |  |
| □\$125.00 Filing Fee              | ☑\$130.00 Filing Fee & Certificate of Status  | □\$155.00 Filin<br>Certified Co<br>(additional copy | ру  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
|                                   | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe     | ourier Address<br>on Section<br>of Corporations<br>uilding<br>cutive Center C<br>ee, FL 32301 |  |  |  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| World Yogurt 1                                |  | 'Limited Liability Company, "L.L.C.," or "LLC.")  |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| ARTICLE II - A                                | .ddress:   |   |   |  |  |  |  |
|   |  | ess of the principal office of the Limited Lia  | ability Company                               |  |  |  |  |
| Principal Office Address:                     |  | Mailing Address:  | Mailing Address:                              |  |  |  |  |
| 10040 S.W. 2nd Stree                          | it   | 10040 S.W. 2nd Street   |   |  |  |  |  |
| Plantation, Florida 33324                     |  | Plantation, Florida 33324   |   |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as<br>n active Florida registration   |   | s Signature:<br>idual or another              |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as<br>n active Florida registration   | s its own Registered Agent. You must designate an individual.) ress of the registered agent are:  | idual or another                              |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as a active Florida registration Florida Street additional control of the c | s its own Registered Agent. You must designate an individual.) ress of the registered agent are:  | idual or another  10 0C  SCCRE                |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as a active Florida registration Florida street adding Richard M. Mog   | s its own Registered Agent. You must designate an individual.) ress of the registered agent are: german, P.A.   | idual or another  10 0C  SCCRE                |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as a active Florida registration Florida Street adding Richard M. Mog   | s its own Registered Agent. You must designate an individual.)  ress of the registered agent are:  german, P.A.  Name   | 10 OCT 18 SECRETARY TALLAHASSE                |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as a active Florida registration Florida Street adding Richard M. Mog   | s its own Registered Agent. You must designate an individual.)  ress of the registered agent are:  german, P.A.  Name  ward Boulevard, Suite 200  | 10 OCT 18 PM   SECRETARY OF S TALLAHASSEE, FL |  |  |  |  |
| (The Limited Liability business entity with a | Company cannot serve as a active Florida registration Florida Street addination Richard M. Mog  8211 West Bro Florida  | s its own Registered Agent. You must designate an individual.)  ress of the registered agent are:  german, P.A.  Name  ward Boulevard, Suite 200  rida street address (P.O. Box NOT acceptable) | 10 OCT 18 PM SECRETARY OF TALLAHASSEE, F      |  |  |  |  |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

. . . .

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u><br>"MGR" = Manag<br>"MGRM" = Man   |  | Name and Address:  |  |  |
|--|--|--|--|--|
| MGRM   |  | Irwin R. Mogerman  |  |  |
|  | _  | 10040 S.W. 2nd Street  |  |  |
|  |  | Plantation, Florida 33324  |  |  |
|  |  | ·  |  |  |
| <del></del>  | <del>_</del> .   |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| <del></del>  |  |  |  |  |
|  |  | , and a second s |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| <del></del>  | <del></del>  |  |  |  |
|  |  |  |  |  |
| (Use attachment  ARTICLE V: Effective of (If an effective date is list to or 90 days after the date) | date, if other than the date ted, the date must be spe | e of filing: (OPTIONAL) ecific and cannot be more than five business days prior  |  |  |
| <u>REQUIRED</u> SIG  | Signature of a member or (In accordance with section   | an authorized representative of a member.  608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)  |  |  |
| Richard M. Mogerman  |  |  |  |  |
|  |  | 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)