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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	ə #)
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(Bu	siness Entity Nar	me)
(Do	ocument Number)	
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K.SALY EXAMINER MAR 28 2013 (850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLANET YOGURT 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:

VITALY PILYAVSKY

Name of Person

Firm/Company

1400 SCOTT ST

Address

HOLLYWOOD FLORIDA 33020

City/State and Zip Code

PLANETYOGURT2013@YAHOO.COM

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

For further information concerning this matter, please call:

VITALY

...954

658-0413

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

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PLANET YOGURT LLC.	
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
421 SHERIDAN ST	1400 SCOTT ST
DANIA FLORIDA 33004	HOLLYWOOD FLORIDA 33020
ARTICLE III - Registered Agent, F	Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	ts own Registered Agent. You must designate an individual or another n.)
(The Limited Liability Company cannot serve as i	ts own Registered Agent. You must designate an individual or another n.)
(The Limited Liability Company cannot serve as i business entity with an active Florida registration	ts own Registered Agent. You must designate an individual or another n.)
(The Limited Liability Company cannot serve as in business entity with an active Florida registration.) The name and the Florida street addresses.	ts own Registered Agent. You must designate an individual or another n.)
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(The Limited Liability Company cannot serve as i business entity with an active Florida registration) The name and the Florida street addresserved by VITALY PILYAVSKY 1400 SCOTT ST	ts own Registered Agent. You must designate an individual or another n.)
(The Limited Liability Company cannot serve as i business entity with an active Florida registration) The name and the Florida street addresserve and the VITALY PILYAVSKY 1400 SCOTT ST	ts own Registered Agent. You must designate an individual or another n.)
(The Limited Liability Company cannot serve as i business entity with an active Florida registration.) The name and the Florida street addresserved and the VITALY PILYAVSKY 1400 SCOTT ST	ts own Registered Agent. You must designate an individual or another n.) ess of the registered agent are: Name da street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MGR" = Manager	Name and Address:
MGRM" = Manager MGRM" = Manag	ing Member
MGRM	ALÉKSANDR BRAILOVSKIY
	15 GALEDR.
	VALLEY STREAM, NY 11581
MGRM	OLEG PILYAVSKY
	2348 EAST 23RD ST
	BROOKLYN, NY 11229
MGRM	VITALY PILYAVSKY
	1400 SCOTT ST
	HOLLYWOOD, FL 33020
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LE V: Effective da	te, if other than the date of filing: (OPTIO
fective date is list or 90 days after th	te, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five busine date of filing.)
LE V: Effective da fective date is list or 90 days after th REQUIRED SIGI	te, if other than the date of filing: (OPTIO ed, the date must be specific and cannot be more than five busine date of filing.) NATURE:
LE V: Effective da fective date is list or 90 days after th REQUIRED SIGI	ignature of a member or an authorized representative of a member. lance with section 608.408(3), Florida Statutes, the execution of this document is an affirmation under the penalties of perjury that the facts stated herein are true. The that any false information submitted in a document to the Department of State
LE V: Effective da fective date is list or 90 days after th REQUIRED SIGI	ignature of a member or an authorized representative of a member. lance with section 608.408(3), Florida Statutes, the execution of this document is an affirmation under the penalties of perjury that the facts stated herein are true. The that any false information submitted in a document to the Department of State is a third degree felony as provided for in s.817.155, F.S.)
LE V: Effective da fective date is list or 90 days after th REQUIRED SIGI	ignature of a member or an authorized representative of a member. lance with section 608.408(3), Florida Statutes, the execution of this document is an affirmation under the penalties of perjury that the facts stated herein are true. The that any false information submitted in a document to the Department of State