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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 1 6 2013 T. HAMPTON

COVER LETTER

TO:	Registration S			
	Division of Co		0	
SUBJ	ECT: Plani	man Mike LL	d Liability Company	
		Name of Limite	a Chaomy Company	
The en	nclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please	return all correspo	ondence concerning this matte	er to the following:	
	Michael	Braunschwe	ia	
			Name of Person	
	Plantma	an Mike LLC	_	
			Firm/Company	
	РО Вох	192066		
			Address	
	Miami E	Beach FL 331	19	
		Cit	y/State and Zip Code	
	plantmanr	nikellc@gmail.cor	n for future annual report notification)	_
n 6	.1			
		concerning this matter, please		4 ~
Mi	chael Br	aunschweig_	$_{at}$ 305 45089	
-	Name	of Person	Area Code & Daytime Telep	phone Number
Enclo	osed is a check for	or the following amount:		
\$125	5.00 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	Street/Courier Address Registration Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE					
ARTICLE I - Name: The name of the Limited Liability Co	mpany is:				
	ANTMAN MIKE LLC				
PLANTMAN MIKE LLC					
(Must end with the words "I	.imited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address:					
	s of the principal office of the Limited L	iability Company is:			
J		,			
Principal Office Address:	Mailing Address:				
Plantman Mike LLC	Plantman Mike LLC				
345 Michigan Ave Apt 40	PO Box 192066				
Miami Beach FL 33139	Miami Beach FL 33119				
The name and the Florida street address Michael Braunschwei					
	Name				
345 Michigan Avenue	Apt 40				
	da street address (P.O. Box NOT acceptable)				
Miami Beach FL	.33139 _{FL}				
	City, State, and Zip				
liability company at the place desi registered agent and agree to act in all statutes relating to the proper a	ent and to accept service of process for the gnated in this certificate, I hereby accept this capacity. I further agree to comply valued complete performance of my duties, and ition as registered agent as provided for	the appointment as with the provisions of ad I am familiar with			
	Cinches (BEOLUSES)				
Registered Ag	gent's Signature (REQUIRED)	,≥ ن			

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

MGRM	Michael Jonathan Braunschweig	
•	345 Michigan Ave Apt 40	
	Miami Beach FL 33139	
		
Use attachment if necessary)		
E.W. Effective data if other than t	he date of filing:	(OPTION)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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)