L14000037267

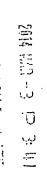
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	ļ

Office Use Only



000257175130

03/03/14--01004--020 **125.00



B. BOSTICK

MAR - 5 2014

EXAMINER

COVER LETTER

TO:	Registration Division of C		:.	•	w 1	N.			
SUBJEC	CT: Planet	/um. LLC	Jame of Li	mited Liability	Company				
The encl	osed Articles	of Organization a		Ť	• •				
Please re	eturn all corres	pondence concer	ning this n	natter to the fol	lowing:				
	Michael F	laggerty						·	
				Name of Pe	erson				
				Firm/Comp	pany		*****		
	2121 14th	Ave Rear							_
				Address	3				
	Vero Bea	ch, FL 32960		•			. <u>.</u>	<u></u>	
			(City/State and 2	Zip Code				
her	opops@gma	il.com					<u></u>	95	
F 4 1					nual report notifica	ation)	* 1	-57-4	- #1 0 ji
For furth	er informatior	concerning this	matter, ple	ease call:			1	<u>ا</u>	برين دي. او دي.
Michae	l Haggerty		at (_		766-2306			r_U	
	Nam	e of Person		Area Code	Daytime Te	lephone N	Number	ij	_ \$ {
Enclosed	l is a check for	the following an	nount:				ۇسىد ق	Ψ Ξ	المراجعة المراجعة
☑ \$125.00	Filing Fee	□\$130.00 Filir Certificate o		Certified	Filing Fee & Copy copy is enclosed)	Cert Cert	0.00 Filin lificate or lified Cop onal copy	f Status by	&
		ing Address			reet/Courier Add	ress			

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Planet Yum, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Planet Yum, LLC	Planet Yum, LLC
2121 14th Ave Rear	2121 14th Ave Rear
Vero Beach, FL 32960	Vero Beach, FL 32960
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Michael Haggerty	egistered Agent. You must designate an individual or)
Name	- A Control of the Co
2121 14th Ave Rear	The state of the s
Florida street address (P.O. Box 1	NOT acceptable)
Vero Beach	FL 32960 W
City	Zip 年
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR — Manager	Michael Haggerty	
	2121 14th Ave Rear	
	Vero Beach, FL 32960	
(Use attachment if necessary)		
E.V. Effective data if advantion	the date of filing: It be specific and cannot be more than five bus	(ODTIONAL)
LE VI: Other provisions, if any.		
LE VI: Other provisions, if any.		
of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e- (A)	
REQUIRED SIGNATURE:	e A	
REQUIRED SIGNATURE: Signature (In accordance with se	of a member or an authorized representative	of a member. ution of this document
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa	of a member or an authorized representative	of a member. ution of this document ated herein are true.
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degree	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of penalti	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degree	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of penalti	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degramment) Michael	of a member or an authorized representative exton 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Doce felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees:	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degree Michael \$125.00 Filing Fee for Article	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information submitted in a document to the Detection of the penalties of perjury that the facts state information in a document to the Detection of the penalties of perjury that the facts state in a document to the Detection of the penalties of perjury that the facts state in a document to the Detection of the penalties of perjury that the facts state in a document to the Detection of the penalties of perjury that the facts state in a document to the Detection of penalties of perjury that the facts state in a document to the Detection of penalties of perjury that the facts state in a document to the Detection of penalties of perjury that the facts state in a document to the Detection of penalties of penalt	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deging the material of the material o	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Deseroise felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register anal)	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third degree Michael \$125.00 Filing Fee for Article	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Doce felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register and) Optional)	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deging the material of the material o	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Deseroise felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register anal)	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deging the material of the material o	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Doce felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register and) Optional)	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deging the material of the material o	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Doce felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register and) Optional)	of a member. ution of this document ated herein are true. epartment of State
REQUIRED SIGNATURE: Signature (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deging the material of the material o	of a member or an authorized representative extion 605.0203 (1) (b), Florida Statutes, the exection under the penalties of perjury that the facts state information submitted in a document to the Doce felony as provided for in s.817.155, F.S.) Haggerty Typed or printed name of signee Filing Fees: s of Organization and Designation of Register and) Optional)	of a member. ution of this document ated herein are true. epartment of State