## 114000/48538

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO ACKERY OF PILMS

2014 SEP 23 JA IO 18

14 SEP 23 AM 10: 29



SEP 23 2014 3KUCE As owner of Natures Planet LLC Document FL L09000062202, I have no intentions on reinstating.

marcu Harf

AT THE SEP 23 AH IO: 29

## COVER LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: Nature's Plane Name of Limite	+ LLC ed Liability Company	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Marcus Ha	Name of Person	
10 cauces 1 lavie	+ LLC Firm/Company	,
125 Gaithe	Address	
Tollahassee F	L . 32305 /State and Zip Code	
E-mail address: (to be used for	L. 32305 /State and Zip Code  co m  or future annual report notification)	
For further information concerning this matter, please		
Marcus Hardy at (8) Name of Person	Sb 575 - 4[258]  Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	·	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	9
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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Nature's Planet LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
425 Gaither Dr. Tallahassee, FL. 32305	125 Gaither Dr. Tallahassec, FL. 32305
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Marcus Hardy Name	<del> </del>
Florida street address (P.O. Box 1	
Tallahassee	_FL 37305
<u>Tallahassee</u> City	Zip
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept t	ice of process for the above stated limited liability compa the appointment as registered agent and agree to act in th

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMIR	Marcus Hardy	
	425 Graither Dd.	
	Tallahassee, FL. 32305	-
AMBR	Keaton Hill	
	306 Reflection Cir.	
	Altomorte Spring FL. 32707	•
	,	
·		•
<del></del>		
·	***************************************	
Use attachment if necessary)		
E VI: Other provisions, if any.	·	
EVI: Other provisions, if any.		
E VI: Other provisions, if any.		
	us.	
REQUIRED SIGNATURE:  May May 14 c Signature of a member	or avauthorized representative of a member.	
(In accordance with section 605.020)	3 (1) (b), Florida Statutes, the execution of this document	
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020) constitutes an affirmation under the	3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020) constitutes an affirmation under the	3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	14
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020) constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as p	3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State rovided for in s.817.155, F.S.)	14 82
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020) constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as p	3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State rovided for in s.817.155, F.S.)	14 SEP 2
REQUIRED SIGNATURE:  Signature of a member (In accordance with section 605.020) constitutes an affirmation under the plan aware that any false information constitutes a third degree felony as p	3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.	14 SEP 23
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ARTICLE IV-