

L04 000029367

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2004 APR 15 PM 3:04  
TALLAHASSEE, FLORIDA

J. BRYAN APR 16 2004

LAW OFFICES  
**BROOKMYER, HOCHMAN, PROBST & NADEAU, P.A.**  
GARDENS PLAZA  
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GARY BROOKMYER  
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DANIEL J. PROBST  
DONNA A. NADEAU

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2004 APR 15 PM 3:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

April 6, 2004

Division of Corporations  
Registration Section  
Post Office Box 6327  
Tallahassee, FL 32314

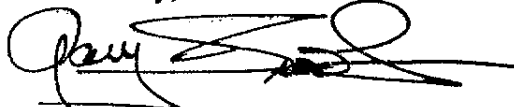
RE: LAB Properties, LLC

Dear Sir or Madam:

Please find enclosed the original Transmittal Letter and Articles Of Organization For Florida Limited Liability Company for LAB Properties, LLC. Also enclosed is my firm's check in the amount of \$160.00 to cover the cost of the filing fee for Articles of Organization; Designation Of Registered Agent; a Certified Copy and a Certificate Of Status.

If you need anything further, please do not hesitate to contact me.

Sincerely,

  
Gary Brookmyer

GB:cfg  
Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAB Properties, 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:

Rhonda J. Leete  
(Name of Person)

(Firm/Company)

7610 Knightwing Circle  
(Address)

Fort Myers, FL 33912-7328  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda J. Leete at ( 239 ) 482-5903  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
2004 APR 15 PM 3:04  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAB Properties, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

7610 Knightwing Circle

Fort Myers, FL 33912-7328

**Mailing Address:**

7610 Knightwing Circle

Fort Myers, FL 33912-7328

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Rhonda J. Leete

Name

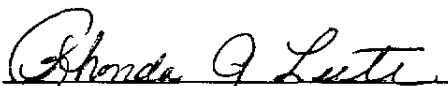
7610 Knightwing Circle

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers, FLORIDA 33912-7328

City, State, and Zip

*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 608, Florida Statutes..*



Registered Agent's Signature

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UNION PACIFIC CORPORATION  
TALLAHASSEE, FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Mark D. Leete

7610 Knightwing Circle

Fort Myers, FL 33912-7328

MGRM

Thomas G. Broccolo

7101 Appleby Drive

Naples, FL 34104-8540

MGRM

Michael Ashley

3380 Fairlane Farms Road, Suite 16

Wellington, FL 33414

MGRM

Gay L Broccolo

7101 Appleby Drive

Naples, FL 34104-8540

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

Rhonda J. Leete

Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**LAB Properties, LLC**

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

**Title:**

**Name and Address:**

MGRM

Rhonda J. Leete  
7610 Knightwing Circle  
Fort Myers, FL 33912-7328

MGRM

Holly Ashley  
3380 Fairlane Farms Road, Suite 16  
Wellington, FL 33414

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TALLAHASSEE, FLORIDA