

L030000 31667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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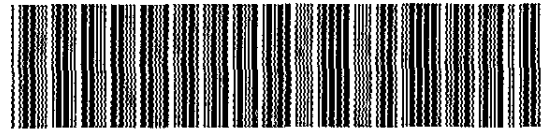
Special Instructions to Filing Officer:

189,2848,071

8/23/03

Office Use Only

W03-22762



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08/08/03--01042--009 **125.00

TALLAHASSEE, FLORIDA

03 AUG 22 AM 9:17

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 12, 2003

JOHN K. MALFE
2601 ONYX TRIAL
TALLAHASSEE, FL 32303

SUBJECT: LABTECH ASSOCIATES
Ref. Number: W03000022762

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for LABTECH ASSOCIATES and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 203A00045891

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LabTech Associates
(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:

John K. MALFE
(Name of Person)

LabTech Associates
(Firm/Company)

2601 ONYX TRAIL
(Address)

Tallahassee FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

John K. MALFE at (850) 251-4974
(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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LABTECH ASSOCIATES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

LABTECH ASSOCIATES
515-B JOHN KNOX RD SUITE 110
TALLAHASSEE, FL 32303

LABTECH ASSOCIATES
2601 ONYX TRAIL
TALLAHASSEE, FL 32303

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

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

John K. MALFE
Name

515-B JOHN KNOX RD SUITE 110
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303
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, F.S..

John K. Malfe
Registered Agent's Signature

(CONTINUED)

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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 "

John K. MALFE
2601 ONYX TRAIL
TALLAHASSEE, FL 32309

" MGRM "

MELANIE J. MACFE
2601 ONYX TRAIL
TALLAHASSEE, FL 32309

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Melanie J. Malfe
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.)

Melanie J. Malfe
Typed or printed name of signer

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)

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TALLAHASSEE, FL
CLERK OF CIRCUIT COURT