

L03000051440

(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:

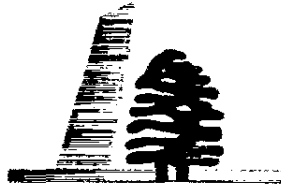
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DIVISION OF REGISTRATIONS
03 DEC -1 AM 8:44



J B MANAGEMENT, INC.

300 South Duncan Avenue, Suite 275

Clearwater, Florida 33755

(727) 461-7700 • Fax (727) 446-3446

E-mail: JBManage@aol.com

November 26, 2003

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Dear Sir:

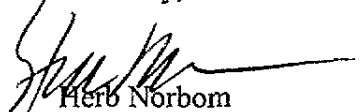
Enclosed are the Articles of Organization for "EXCEL LABORATORIES, LLC. , and a check payable to Florida Department of State in the amount of \$155.00

The check is for the following

Filing Fee for Articles of Organization	\$100.00
Designation of Registered Agent	\$ 25.00
Certified Copy	<u>\$ 30.00</u>
TOTAL	\$155.00

Please call if you have any questions.

Sincerely,


Herb Norbom
CFO

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCEL LABORATORIES, 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:

Herb Norbom
(Name of Person)

J B Management, Inc.
(Firm/Company)

300 S. Duncan Ave., Suite 275
(Address)

Clearwater, FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

Herb Norbom at (727) 461-7700
(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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCEL LABORATORIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

300 S. DUNCAN AVE.

SUITE 275

CLEARWATER, FL 33755

Mailing Address:

300 S. DUNCAN AVE.

SUITE 275

CLEARWATER, FL 33755

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

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

HERB NORBOM

Name

300 S. DUNCAN AVE., SUITE 275

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

CLEARWATER, FLORIDA 33755

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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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:

MGRM

JOHN P. BARRETT, JR

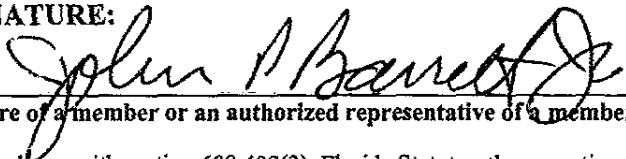
300 S. DUNCAN AVE., SUITE 275

CLEARWATER, FL 33755

(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.)

JOHN P. BARRETT, JR.

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)

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