

W4000054108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status

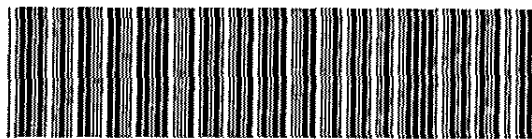
Special Instructions to Filing Officer:

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W.J.H.

07/20/04 2:05 PM
TALLAHASSEE FLORIDA

04 JUL 20 PM 2:05

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAB, 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:

Michael L. Brooks, Esquire
(Name of Person)

(Firm/Company)

437 East Monroe Street, Suite 202
(Address)

Jacksonville, Florida 32202
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael L. Brooks at (904) 354-1386
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAB, LLC

ARTICLE II - Address:

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

Principal Office Address:

LAB, LLC

2050 Forbes Street

Jacksonville, Florida 32204

Mailing Address:

LAB, LLC

2050 Forbes Street

Jacksonville, Florida 32204

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

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

Michael L. Brooks, Esquire

Name

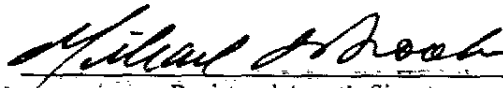
437 East Monroe Street, Suite 202

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

Jacksonville, FL 32202

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..



Registered Agent's Signature

(CONTINUED)

FILED
04 JUL 20 PM 2:05
JACKSONVILLE, FLORIDA
CLERK OF CIRCUIT COURT

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

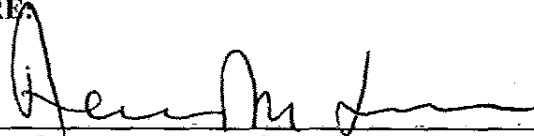
Name and Address:

MGRM	William P. Black 1666 Drift Road Westport, MA 02790
MGRM	Arvind K. Suri 77 Beechwood Drive Cranston, RI 02921
MGRM	Linda A. Baltz 2410 Brook Park Way Jacksonville, FL 32246
	MGRM Arvind K. Suri

(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.)

~~-77 Beechwood Drive-~~ Arvind K. Suri

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)