L050000033478

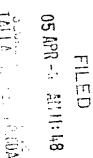
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filling Office
Special Instructions to Filing Officer:

Office Use Only



700048507187

04/04/05--01030--001 **125.00 **



TRANSMITTAL LETTER

TO: Registration S Division of Co					
SUBJECT: LABO E					
	(Name of Limite	ed Liability Company)			
	of Organization and fee(s) are spondence concerning this matter	_			
	T. PACHELL, ESQ	3			
		Name of Person)		•	•
COOPER & PACHE	ELL			-	
	(Firm/Company)			- 3-7
525 N. CLE	VELAND-MASSILLON RD				
		(Address)	17	多 5	
			28	PR -	П
AKR	ON, OH 44333	<u>;</u>	<u> </u>	05 APR -4 7M11: 48	
	(City	/State and Zip Code)			
			,		
For further information	concerning this matter, please	call:		05 18	
		222.000		A	121.21
JAMES T. PACHELL	of Person)	at (330) 666-3777	1. 1	 ,	
(Name	of reison)	(Area Code & Daytime Te	deprione Number)		
Enclosed is a check for	or the following amount:				
☑ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fi Certificate of Certified Cop (additional copy	Status &	
Regist	ET ADDRESS: tration Section	MAILING AI Registration Se	ection		
409 E.	on of Corporations Gaines Street assee, Florida 32399	Division of Co P.O. Box 6327 Tallahassee, F	<i>;</i> - ·	-	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
LABO ENTERPRISES, LLC	and the state of t
ARTICLE II - Address:	
The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7582 HAWKS LANDING DRIVE	7582 HAWKS LANDING DRIVE
WEST PALM BEACH, FL 33412	WEST PALM BEACH, FL 33412
	44.
ADTICLE III Degistered Agent Degist	ered Office, & Registered Agent's Signature:
AKTICLE III - Registereu Agent, Registe	red Office, & Registered Agent's Signature.
The name and the Florida street address of t	he registered agent are:
DAVID LABEL	P P
N	ame
7582 HAWKS LANDING (DRIVE DRIVE
	et address (P.O. Box NOT acceptable)
WEST PALM BEACH,	22440
	ate, and Zip
•	•
	l to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as
, , ,	acity. I further agree to comply with the provisions of all
	e performance of my duties, and I am familiar with and
accept the obligations of my position as i	registered agent as provided for in Chapter 608, F.S
	•
Havid ,	Kalul
Registered Ag	ent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		-
"MGRM" = Managing Member		
MODIA	DAVID LABEL	
MGRM	2 3 Mars. 7	The state of the state of
	7582 HAWKS LANDING DRIVE	
	WEST PALM BEACH, FL 33412	
	The second secon	4 p
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		֥,
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	2.	
_		
Since the last		•
Signatura of a member or	an authorized representative of a member.	
Signature of a member of	an authorized representative of a member.	$\overline{\Box}$
(In accordance with section	608.408(3), Florida Statutes, the execution	
that the facts stated herei	s an affirmation under the penalties of perjury	<u>in</u> -
JAMES T. PACHELL, E		
Typed	or printed name of signee	
Title To an		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)