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(Re	equestor's Name)	
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54863 September 1998

8/24/05

Herida Dept of State
Reg. Section
Div. of Casp.
P.D. Bay 6327
Jallahasse, Fla. 32314

Dear Sirs,

Please find enclased the Jiling Jarms and application for Lund B Enterprises I.S.C. and our check for \$160.00.

(we evall also request that your forward to us the necessary forms to register dansies Ladies apparel as a DBA of Sand & Encurprises Id.C.

Skanking you in advance TALLAHASSSEE.FLORIDA

Freeliam Homele Vielen Allameter

Vieliam Homele Line

WILLIAM H. VANECEK 90 4121 TAMIAMI TAL. So VENICE, FLA. 34293 941-408-8950

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: L and B Enter	
The enclosed Articles of Organization and fee(s) are submi	itted for filing.
Please return all correspondence concerning this matter to	the following:
WILLIAM H. VAN	of Person)
LAURIES LADIES (Firm)	APPAREL Company)
4121 TAMIAMI Tra	address)
VENICE FLA. (City/State	3429 3 and Zip Code)
For further information concerning this matter, please call: WelliamsHanecek at ((Name of Person)	941 408-8950
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, rtified Copy ditional copy is enclosed) Certificate of Status & Certified Copy (additional copy sepslosed)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Section
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
L AND B ENTERPRISES L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
VENICE, FLA. 34293 VENICE FLA. 34292
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
WILLIAM H. VANECEK
Name 511 CHEVAL DR. Florida street address (P.O. Box NOT acceptable) VENICE FL 34242 City, State, and Zip
511 CHEVAL DR.
Florida street address (P.O. Box NOT acceptable)
VENICE FL 34292
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 Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligations of my position as registered agent as provided for in Chapter 608, F.S Concept the obligation of the concept the concept that the conce
Registered Agent's Signature
SEE.FLORI
(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
Mar	WILLIAM H. VANECEK 511 CHEVAL Dr. VENICE FLA. 34292	
	SII CHEVAL Dr.	
	VENICE 1-14. 34292	
Mar.	LAURIE VANECEK 511 CHEVAL Dr. VENICE FLA-34292	
	511 CHEVAL Dr.	
	VENICE FLA-34292	
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REOUIRED 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.)

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)