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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Eureka 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:

**Stephen Gary Roberts**

(Name of Person)

**Eureka Lab, LLC.**

(Firm/Company)

**7209 1st Avenue North**

(Address)

**Saint Petersburg, FL 33710**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Stephen Gary Roberts**

(Name of Person)

at ( **727** ) **432-5944**

(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 & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Eureka Lab, LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

7209 1st Avenue North  
Saint Petersburg, FL 33710

#### Mailing Address:

7209 1st Avenue North  
Saint Petersburg, FL 33710

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stephen Gary Roberts

Name

7209 1st Avenue North

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

Saint Petersburg, FL 33710

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

"MGR" = Manager  
 "MGRM" = Managing Member

**Stephen Gary Roberts**  
**7209 1st Avenue North**  
**Saint Petersburg, FL 33710**

MGRM

Roy Johannesen  
411 Hawthorne Road  
Colfax, California 95713

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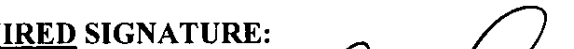
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**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_.** (OPTIONAL)

**REQUIRED SIGNATURE:**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of the contractor

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.)

# Stephen Gary Roberts

Typed or printed name of signee

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

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