

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

Effective Date 03/04/08

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone (305)634-3694 Fax Number (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

the lab zone, llc

Certificate of Status	0
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Corporate Filing Menu

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T. HAMPTON

MAR - 6 2008



March 5, 2008

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: THE LAB ZONE, LLC

REF: W08000011482

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 4, 2008. Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H08000056646 Letter Number: 408A00013680

P.O BOX 6327 - Tallahassec, Florida 32314

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Effective Date 03/04/08

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE LAB ZONE,	LLC	
(Must and with the words "Limited Liability Company, ARTICLE II - Address:	"Limited Company" or their abbreviation "LLC," or "L.C.,") the principal office of the Limited Liability Cumpa	
Principal Office Address:	Mailing Address:	my is.
GIIO 33RA STREET EAST BRADENTON FL 34203.54	SAME.	
	· ————————————————————————————————————	
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: In Registered Agent, You must designed an individual or another of the registered agent are:	08 MAR
(The Limited Liability Company cannot serve as its ow	in Registered Agent. You must designes an individual or another of the registered agent are: Name	08 MAR -5 AH 8: 21

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 are registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

Brian J. McGinn CPA 2018 Oak Terrace Savasota FL34231 (941) 926-4687 (CONTINUED)
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Title: "MGR" = Manager "MGRM" = Managing Mer	Name and Address:	•
MGRM	RICK VAAL 2115 WINTER HARBOUR WAY BRADENTON FL 34212	- -
MGR	SAM LANKFORD 2623 22/ST STREET EAST BRADBUTON PL 34211	- - -
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(Use attachment if necessar LEV: Effective date, if other	er than the date of filing:, (OPTIO	
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