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(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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EFFECTIVE DATE
2/23/10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB 26 PM 2:10

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LaBarre Holdings, 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:

Thomas LaBarre
Name of Person

Firm/Company

225 Blue Crystal Drive
Address

DeLand, FL 32720
City/State and Zip Code

telabarre@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas LaBarre at (**386**) **626-2518**
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 & 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:

LaBarre Holdings, 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:

Mailing Address:

225 Blue Crystal Drive
DeLand, FL 32720

225 Blue Crystal Drive
DeLand, FL 32720

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:

Thomas LaBarre

Name

225 Blue Crystal Drive

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

DeLand, FL 32720 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Thomas E LaBarre

Registered Agent's Signature (REQUIRED)

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:

MGR

Thomas LaBarre

225 Blue Crystal Drive

DeLand, FL 32720

MGR

Wayne LaBarre

447 N. Pine Meadow Drive

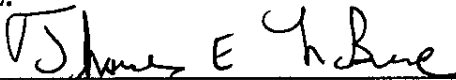
DeBary, FL 32713

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/23/2010 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Thomas LaBarre

Typed or printed name of signee

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)

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