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SECRETARY OF STATE ON STATE

## **COVER LETTER**

•	т́о:	Registration S Division of Co		•		
•	SUBJE	ст. Labe	els, LLC			
	SODSE			ed Liability Company		
	The enclosed Articles of Organization and fee(s) are submitted for filing.					
	Please	return all corres	pondence concerning this matt	er to the following:		
	Richard B. Leffew, CPA					
	-			Name of Person		
Firm/Company						
80 Royal Palm Pointe, #202						
				Address		
	<u>'</u>	√ero Bea	ch, FL 32960			
		rhleffew@	Cin Notmail.com	/State and Zip Code		
	-	i bieliew@		or future annual report notification)		
	For fur	ther information	concerning this matter, please	call:		
	Rich	ard Leffev	v	at (772 ) 770-4700		
		Name	of Person	at ( 772 ) 770-4700  Area Code & Daytime Telephone Number		
	Enclos	ed is a check f	for the following amount:			
<b>√</b>	<b>]\$125.</b> 00	Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2010

RICHARD B. LEFFEW, CPA 80 ROYAL PALM POINTE #202 VERO BEACH, FL 32960

SUBJECT: LABELS, LLC Ref. Number: W10000054449

We have received your document for LABELS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 710A00027256

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	is:	
Labels Timeless Clothine		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
2050 6th Ave. Vero Beach, Fl 32960	2050 6th Ave. Vero Beach, Fl 32960	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		
The name and the Florida street address of the	SECTIVISTO	
Jodi L. Wakeland	ECRETA ISION OF O DEC -	
Na	<b>5</b>	
2050 6th Ave.	•	<b>7</b> 20
Florida street	address (P.O. Box NOT acceptable)	

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Vero Beach, FI 32960

(CONTINUED)

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		
MGMR-50%	James T. Wakeland	
	4445 N. A1A #244 Vero Beach, FI 32963	
MGMR-50%	Jodi L. Wakeland	
	2050 6th Ave.	
	Vero Beach, Fl 32960	
<del></del>		
(Use attachment if necessary)		
CLF V. Effective date if other than th	ne date of filing: (OPTIO	NAI)
	be specific and cannot be more than five business	
0 days after the date of filing.)	**	· ·
		<b>1</b>
REQUIRED SIGNATURE:		10 DEC
		. C. S
	War	ர் .
Signature of a mem	ber or an authorized representative of a member.	7
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	्व 45 0
Jodi L. Wał		

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)