

L15000102063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

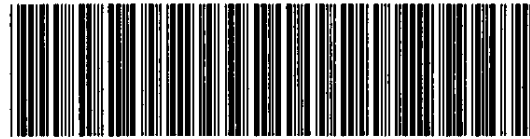
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CATHY BUDAY GAVE
AUTHORIZATION BY PHONE TO
CORRECT 5025 Fairways Circle
DATE 6/11/15 #B107
DOB EXAM Y.S. Vero Beach
FL
32967

Office Use Only



500271706905

04/13/15--01030--017 **125.00

FILED
2015 JUN -9 PM 5:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2015

Y SULKER

W15000028918
4124115
Y.S.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

CATHRYN LARA BUDAY
PO BOX 644318
VERO BEACH, FL 32964-4318

SUBJECT: LB & COMPANY, LLC
Ref. Number: W15000028918

We have received your document for LB & COMPANY, 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.

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. 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 contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "LC.", "LC.", "Ltd.," and "Co."

The document number of the name conflict is V48133 L.B. INC.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 715A00008358

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

*received
June 9/15*

2015 JUN -9 PM 5:44

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LB & Company, 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:

Cathryn Lara Buday
Name of Person

LB & Company, LLC
Firm/Company

P.O. Box 644318
Address

Vero Beach, FL 32964-4318
City/State and Zip Code

Lara.Buday@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lara Buday at (772) 766-6976
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:

LB + Company Events, LLC

~~LB + Company, 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:

5025 Fairways Circle
B102
Vero Beach 32967

Mailing Address:

P.O. Box 644318
Vero Beach, FL 32964-4318

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:

Cathryn Lara Buday

Name

~~1980 Pebble Path~~

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

Vero Beach

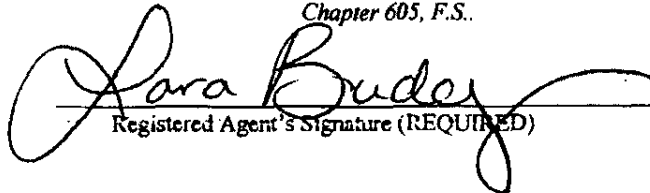
City

FL

Zip

~~32963~~ 329675025 Fairways Circle
B102

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

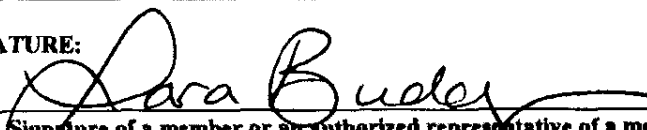
"MGR" = Manager

MGR**Name and Address:**Cathryn Lara Buday
P.O. Box 644318
Vero Beach, FL 32964-4318

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cathryn Lara Buday

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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CLERK OF CIRCUIT COURT
ALACHUA COUNTY
FLORIDA