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| PICK-UP                 | ☐ WAIT             | MAIL        |  |
| (Bu                     | siness Entity Nar  | me)         |  |
| (Document Number)       |                    |             |  |
| Certified Copies        | _ Certificates     | s of Status |  |
| Special Instructions to | Filing Officer:    |             |  |
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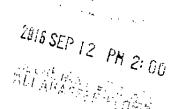
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# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: the L.A.B. oratory Orando, 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:  |
| Rachel Valore Name of Person   |
| Firm/Company   |
| 8739 Bristol Park Dr. Address  |
| City/State and Zip Code  TVAlore 91 @ amail. Com  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Rack et at (904) 200-2581  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)                 |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2016

RACHEL VALORE 8739 BRISTOL PARK DR. ORLANDO, FL 32836

SUBJECT: THE L.A.B.ORATORY, LLC

Ref. Number: W16000064461

We have received your document for THE L.A.B.ORATORY, LLC and your check(s) totaling \$155.00. 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 appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000160723 (THE LABORATORY COMPANY, LLC).

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) 245-6052.

TANYA L HENDERSON Regulatory Specialist II

Letter Number: 316A00019981

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | Γł ( | T.F | ŧΙ. | N: | ame: |
|---|----|------|-----|-----|----|------|
|   |    |      |     |     |    |      |

The name of the Limited Liability Company is:

(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:** 

| the | A.  | BCISI        | tory. | $\triangle \triangle 0$ | Nd  | 0 |
|-----|-----|--------------|-------|-------------------------|-----|---|
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|     |     |              |       |                         | •   | _ |

the L.A.B. oratory Orlando 8739 Bristol Park Dr. Orlando, FL 32836

# 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:

8739 Bristol Park Pr. 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 605, F.S..

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member   | Name and Address:   |
|---|---|
| "MGR" = Manager   | Rachel Valore<br>8739 Bristol Park Dr<br>Orlando 12 32836   |
|   |   |
|   |   |
|   |   |
| (Use attachment if necessary)   |   |
| (If an effective date is listed, the date must be spi<br>the date of filing.) | of filing: NOV. 2016. (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as |
| ARTICLE VI: Other provisions, if any.   | of state 3 records.   |
|   |   |
| REQUIRED SIGNATURE:   |   |

Typed or printed name of signee

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

**ARTICLE IV-**

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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