L21000493619

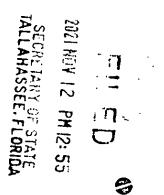
(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500376299175

11/12/21 --01029--096 **130.00



T EURCH NUV 18 2021

COVER LETTER

TO:	New Filing Sec Division of Cor					
	Labana Sub	division, LLC				
SUBJE	CT:	Nan	ne of Limi	ted Liabili	ty Company	
The enc	losed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please re	eturn all correspo	ndence concernin	g this mat	ter to the fo	ollowing:	
	Santokh S La	bana				
				Name of	Person	
	Labana Mana	igement Company	r, Inc			
		 		Firm/Co	mpany	
	4051 Gulf Sh	ore Blvd N Apt. I	.000			
			<u></u>	Addr	288	
	Naples FL	34103				
	slabana@hotn	nail.com	Cit	ty/State and	d Zip Code	
		E-mail address: (to	be used t	or future a	nnual report notificati	on)
For furth	er information co	ncerning this matt	er, please	call:		
	Santokh S. La	ıbana	734	,	8460319	
)	
	Nam	e of Person	Are	ea Code	Daytime Telephon	e Number
Enclose	d is a check for t	he following amou	.int:			
□\$125	.00 Filing Fee	■\$130,00 Filir Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address			Street Address	

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FI. 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
Labana Subdivision, LL	C			
(Must conta	in the words "Limited I	Liability Company, "	1L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	ddress of the principal o	ffice of the Limited (Liability Company is:	
Principa	al Office Address:		Mailing Ad	<u>dress</u> :
4051 Gulf Shore Blvd N	•			
Apt. 1000	<u> </u>	4051 0	Gulf Shore Blvd N. Apt.	1000
Naples, FL. 34103		Naple	s. FL 34103	
The name and the Florida street a	Santokh S Labana	Name		2021 HOV 12 SECRETAN FALLAHASSI
	4051 Gulf Shore Blvd S			33.5
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ссеріаоїс)	
	Naples: Fl., 34103			EFFLOG
	City	State	Zip	D STATE STATE
Having been named as registered of place designated in this certificate, further agree to comply with the properties am familiar with and accept the ob-	I hereby accept the approvisions of all statutes rolligations of my position	ointment as registere clating to the proper	ed agent and agree to a and complete perform as provided for in Chap	ability company at the section this capacity. I cance of my duties, and I

(CONTINUED)

ARTICLE IV-

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

	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Santokh S Labana	
	4051 Gult Shore Blvd N Apr. 4000	
	Naples FL 34103	
		7 ., 20
. 1 (73)	Lorraine L.1 abana	
AMBR	4051 Gulf Shore Blyd N Apr. 1000	
	Naples FL, 34103	3
		S
		SE SE
		<u> </u>
		
		S
	_	署
		≥m cr
(Use attachment if necessary) CLE V: Effective date, if other than	the date of filing:	(OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Dept.	est be specific and cannot be more than five busine the not meet the applicable statutory filing requirem	ess days prior to or 90 day
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block decument's effective date on the Dept.	est be specific and cannot be more than five busine the not meet the applicable statutory filing requirem	ess days prior to or 90 day
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department of t	st be specific and cannot be more than five businesses not meet the applicable statutory filing requirement of State's records.	ess days prior to or 90 day
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department of t	st be specific and cannot be more than five businesses not meet the applicable statutory filing requirement of State's records.	ess days prior to or 90 day
CLE V: Effective date, if other than effective date is listed, the date muse of filing.) If the date inserted in this block document's effective date on the Deptement's effective date on the Deptement of the D	est be specific and cannot be more than five busine the not meet the applicable statutory filing requirem	ess days prior to or 90 day nents, this date will not be f a member.) (b), Florida Statutes.
ELE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Deposition of th	bes not meet the applicable statutory filing requirement of State's records. The following the applicable statutory filing requirement of State's records. The following the applicable statutory filing requirement of a member or an authorized representative of is executed in accordance with section 605.0203 (1 any false information submitted in a document to the degree felony as provided for in s.817.155. F.S.	ess days prior to or 90 day nents, this date will not be f a member.) (b), Florida Statutes.

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)