

L2300043/355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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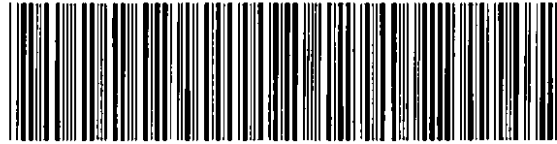
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE, FL

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15



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200
Ocala, FL 34471
Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: john@ocalaaccounting.com

August 28, 2023

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for
LABBY LAWN LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you have any questions, please call me by at telephone number (352) 622-5664.

Sincerely,

John T Driscoll CPA
Enclosures

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STATE
OF FLORIDA

**ARTICLES OF ORGANIZATION
FOR
LABBY LAWN LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

LABBY LAWN LLC

ARTICLE II. – MAILING ADDRESS

The mailing address and the principal office address are the same.

**4081 SW 108TH PL
OCALA, FL 34476**

ARTICLE III. – REGISTERED AGENT

**DAVID A LABBY
4081 SW 108TH PL
OCALA, FL 34476**

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.

Signature _____



**DAVID A LABBY
Registered Agent**

Date _____

8.29.23

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CLERK OF THE CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA
OCALA, FL

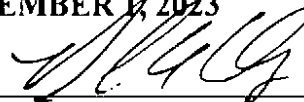
ARTICLE IV. – AUTHORIZED MEMBER (AMBR)

**DAVID A LABBY
4081 SW 108TH PL
OCALA, FL 34476**

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be **SEPTEMBER 1, 2023**

Signature _____


**DAVID A LABBY
AMBR**

Date _____

8.29.23

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CLERK OF DISTRICT COURT
FLORIDA 1303227 FL