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Special Instructions to	Filing Officer:	
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01/27/05--01039--013 **125.00



TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: ______ LABAR LEASING, LLC (Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOUIS M MEINERS, JR. (Name of Person)

ADVOCATE CONSULTING (Firm/Company)

2640 GOLDEN GATE PKWY, SUITE 205 (Address)

> NAPLES, FL 34105 (City/State and Zip Code)

For further information concerning this matter, please call:

YOLANDA ROBINSON	at 888-325-1942	-
(Name of Person)	(Area Code & Daytime Telephone Number)	·#
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Enclosed is a check for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	FILED
😒 \$125.00 Filing Fee 🗔 \$130.00 Filing Fee &	> \$155.00 Filing Fee & \$160.00 Filing Fee. Ce	ertificate of

X \$125.00 Filing Fee	SI30.00 Filing Fee &	\$155.00 Filing Fee &	☐ \$100.00 Fining ree, Cerunicate of
	Certificate of Status	Certified Copy	Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	LABAR LEA	SIN	IG, LLC					
	(Name of Foreign Lin	nited	Liability Company)					
2.	DELAWARE	3.	20-2172651					
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)					
4.	NOVEMBER 23, 2004	5.	PERPETUAL					
	(Date of Organization)	-	(Duration: Year limited liability company will cease to exist or "perpetual")					
6.	JANUARY 12, 2005		<u>N</u>					
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)							
7.	4182 SKYWAY DRIVE	•						
	NAPLES, FL 34112	-						
	(Street Address	of Pı	incipal Office)					
8.	If limited liability company is a manager-managed c	omp	any, check here					
9.	The name and usual business address of the managin	ıg m	embers or managers are as follows:					
	LARNA STONE							
	4182 SKYWAY DRIVE							
	NAPLES, FL 34112		and and the second s					

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: EQUIPMENT LEASING

	005	-
Signature of a member of an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		ILED
LOUIS M. MEINERS, JR.	16 NTF	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LABAR LEASING, LLC

2. The name and the Florida street address of the registered agent and office are:

LOU	IS M. MEINE	RS, JR.		
	(Name)		<u>, </u>	·
259	8 L'ERMITAG	E LANE		
Florida Street A	ddress (P.O. Box N	OT ACCEPTABLE)		
NAPLES	FL	34105		
	City/State/Zip			

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, Florida Statutes.

Louis M. Meiners



- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)



PAGE 1

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LABAR LEASING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LABAR LEASING, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2004.



3886113 8300 0500**4**2317

Variet Smith Windson

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 3624457

DATE: 01-18-05