## LOQUOO OHALLH Kathleen Goebel 12604 Wood Ibis Way Tampa, FL 33624-5717.

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**Examiner's Initials** 

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		***
(Corporation Name)	(Document #)	
2.		JH
(Corporation Name)	(Document #)	
3.		
(Corporation Name)	(Document #)	
4.		
(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time _	Certified Copy	
Mail out Will wait	Photocopy	
NEW FILINGS	AMENDMENTS SEC	2
☐ Profit	☐ Amendment	2 FE
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	FILED 18 AM
Other	☐ Merger	FILED
OTHER FILINGS	REGISTRATION/QUALIFICATION	ភ្
OTHER FILENGS	REGISTRATION QUALIFICATION S	
Annual Report	Foreign	
☐ Fictitious Name	☐ Limited Partnership ☐ Reinstatement	
	Trademark	
	Other	· ·

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME: The name of the Limited Liz	iability Company is:	
	KMG SERVICES, LLC	
ARTICLE II-ADDRESS: The mailing address and stre	reet address of the principal office of the Limited Liability Con	mnany ico
	12604 WOOD IBIS WAY	apany is:
	TAMPA, FL 33624	. <del></del>
ARTICLE III: Registered Agent, Registered	d Office, & Registered Agent's Signature:	
The name and the Florida str	reet address of the registered agent are:	
	KATHLEEN M. GOEBEL	<u> </u>
	Name	
	12604 WOOD IBIS WAY	B 16 ANS
	Florida Street Address (P.O. Box NOT acceptable)	RY OF S
	TAMPA, FL 33624	LOR STA
	City, State and Zip	TE IDA
registered agent and agree to statutes relating to the proper accept the obligations of my p	ered agent and to accept service of process for the above stated designated in this certificate, I hereby accept the appointment of act in this capacity. I further agree to comply with the provision and complete performance of my duties, and I am familiar work position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature	it as ions of all
ARTICLE VI: MANAGEME The Limited Liability Co herefore, a manager-managed	ENT (Check box if applicable) company is to be managed by one manager or more managers and company.	and is,
	avarticle must be added if an effective date is requested)	

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

KATHLEEN M. GOEBEL