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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Kennedy Consulting, L.L.C	<b>).</b> -					
(Name of Limited Liability Company)						
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.					
Please return all correspondence concerning this ma	natter to the following:					
B 115 // 1 B 0						
Donald E. Kennedy, D.O.						
(Name of Person)	9	7.00				
		THE THE 25				
(Firm/Company)		3 2 1				
		温安日				
249 Hallcrest Terrace		<u> </u>				
(Address)		<b>疆</b> 25				
Port Charlotte, FL 33954	<u>-</u>	アち				
(City/State and Zip Code)	_					
For further information concerning this matter, plea-	ase call:					
Donald E. Kennedy, D.O.	at (941)255-3535					
(Name of Person)	(Area Code & Daytime Telephone Number)					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam		-	
	nited Liability Company is:		
Kennedy Consulting,	L.L.C.	-32	
ARTICLE II - Add			
The mailing address	and street address of the pr	incipal o	office of the Limited Liability Company is:
Principal Office Ad	ldress:		Mailing Address:
249 Hallcrest Terrace	<b>)</b>		Same
Port Charlotte, FL 33	954	_	
	gistered Agent, Registered orida street address of the re		& Registered Agent's Signature; d agent are:
	Donald E. Kennedy, D.O.	)	27 F
-	Name	_	SHE REL
	249 Hallcrest Terrace		E. E.
_	Florida street address (P.O	. Box <u>NC</u>	OT acceptable)
_	Port Charlotte,	FL_ 33	3954
_	City, State, a	nd Zìp	

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, F.S..

Registered Agent's Signature

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member	<del>-</del> ·		
MGR	Donald E, Kennedy, D.O.		
	249 Hallcrest Terrace		
	Port Charlotte, FL 33954	<u> </u>	
MGRM	Paula Kennedy	<del></del>	
	249 Hallcrest Terrace	week.	
	Port Charlotte, FL 33954	- विक्रा	
		= 20 %	
		300	
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		TO	
(Use attachment if necessary)  NOTE: An additional article must be a	ndded if an effective date is reques	ted.	
REQUIRED SIGNATURE:	$\sim 4$		
× /			
Signature of a pember o	r an authorized representative of a mem	ber.	
(In accordance with sectio	n 608.408(3), Florida Statutes, the execution an affirmation under the penalties of per	on	
Donald E. Kennedy, E	o.o		
Typed	or printed name of signee	- <del></del> -	
\$ \$	Ciling Fees:	ation	

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