

Division of Corporations

Page 1 of 2

L030000030361

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000254464 8)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I200000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

LIMITED LIABILITY COMPANY**KMG CONSULTING OF VOLUSIA COUNTY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
03 AUG 15 AM 9:50
DIVISION OF CORPORATION
03 AUG 15 AM 11:39
SECRETARY OF STATE
MAIL ROOM
FILED

BB
8-15-03

**ARTICLES OF ORGANIZATION
OF
KMG CONSULTING OF VOLUSIA COUNTY, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **KMG CONSULTING OF VOLUSIA COUNTY, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **9 Needle Lane, Ormond Beach, Florida 32174**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**


The name and Florida street address of the registered agent is **Kayleen M. Garcia, RN, 9 Needle Lane, Ormond Beach, Florida 32174**.


IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 13th day of August, 2003.


KAYLEEN M. GARCIA, RN

**STATE OF FLORIDA
COUNTY OF VOLUSIA**

The foregoing instrument was acknowledged before me this 13th day of August, 2003, by **KAYLEEN M. GARCIA, RN** who ☒ is personally known to me, or ☐ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.

 Michael A. Pyle
My Commission CC877232
Expires December 3, 2003




Notary Public
MICHAEL A. PYLE
(Printed Name)
My Commission Expires:

03 AUG 15 PM 11:39
FILED
AND
APPROVED
STATE
OFFICE
FLORIDA

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


KAYLEEN M. GARCIA, RN
Registered Agent

03 AUG 15 AM 11:39
SECRETARY OF STATE
TALLAHASSEE FL 32304

APPROVED
AND
FILED