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(City/State/Zip/Phone #)

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(Business Entity Name)

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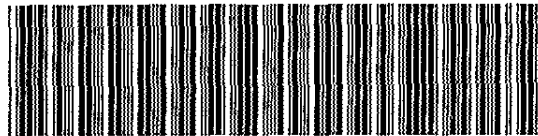
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03 OCT 17 PM 3:33

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KDMC CORP, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. McAtee, D.O.

(Name of Person)

(Firm/Company)

2025 Jamaica Way

(Address)

Punta Gorda, FL 33950

(City/State and Zip Code)

For further information concerning this matter, please call:

David L. McAtee, D.O.

(Name of Person)

at (941) 255-3535

(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

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CLERK OF COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 14, 2003

DAVID L. MCATEE D.O.
2025 JAMAICA WAY
PUNTA GORDA, FL 33950

SUBJECT: KDMC CORP, LLC
Ref. Number: W03000023140

Seal of the
Florida Department of State
TALLAHASSEE, FLORIDA

03 OCT 17 PM 3:33

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We have received your document for KDMC CORP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 003A00046360

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KDMC CAPITAL VENTURES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID L. MCATEE, D.O.
(Name of Person)

(Firm/Company)

2025 JAMAICA WAY
(Address)

PUNTA GORDA, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID L. MCATEE, D.O. at (941) 255-3535
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
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Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
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Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA
OCT 17 1991

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

KDMC CAPITAL VENTURES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2025 JAMAICA WAY, PUNTA GORDA, FL

SAME

33950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

DAVID L. MCATEE, D.O.

Name

2025 JAMAICA WAY

Florida street address (P.O. Box **NOT** acceptable)

PUNTA GORDA, FLORIDA 33950

City, State, and 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..


Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

DAVID L. MCATEE, D.O.

2025 JAMAICA WAY, PUNTA GORDA, FL
33950

MGRM

KAREN G. MCATEE

2025 JAMAICA WAY, PUNTA GORDA, FL
33950

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X 
Signature of a member or an authorized representative of a member.

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

DAVID L. MCATEE, D.O.
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA