

W4000047492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

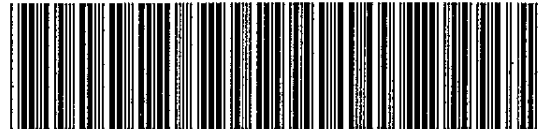
(Document Number)

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06/22/04--01039--023 \*\*195.00

MAILED

04 JUN 22 04 18 PM '04

**FILING WITH SECRETARY OF STATE FOR:**

K-G1, LLC

**Please Return All Correspondence Concerning This Matter  
To:**

**CRAIG J. KOOP**

**ITA IMPLEMENTATION SERVICES, LLC**

**1250 BARCLAY BLVD.**

**BUFFALO GROVE, IL 60089**

*\*Submitted  
one check for  
both entities*

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KG-1, 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:

Craig J. Koop

(Name of Person)

ITA Implementation Services, LLC

(Firm/Company)

1250 Barclay Blvd.

(Address)

Buffalo Grove, IL 60089

(City/State and Zip Code)

For further information concerning this matter, please call:

Jill Mutka

(Name of Person)

at ( 847 ) 495-3070

(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 - Name:**

The name of the Limited Liability Company is:

KG-1, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10810 SE Dixie Highway

Hobe Sound, FL 33455

**Mailing Address:**

10810 SE Dixie Highway

Hobe Sound, FL 33455

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

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

Kathleen Gemme

Name

10810 SE Dixie Highway

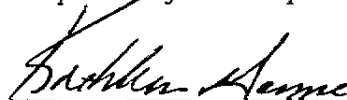
Florida street address (P.O. Box **NOT** acceptable)

Hobe Sound

FLORIDA 33455

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

04 JUN 22 PM 12:59  
FBI-DO

**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:**

MGRM

Kathleen Gemme

10810 SE Dixie Highway

Hobe Sound, FL 33455

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Kathleen Gemme

\_\_\_\_\_  
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)