

L04000065705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

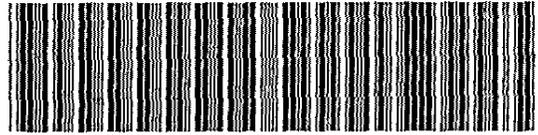
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 SEP - 1 PM 1:22
CORPORATIONS
TALLHASSEE, FLORIDA

J. BRYAN SEP - 3 2004

TRANSMITTAL LETTER

Registration Section
Division of Corporations

SUBJECT: Kimgo Financial, LLC

FILED
2004 SEP -1 PM 1:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

George Williams
8008 Swamp Flowers Drive East
Jacksonville, FL 32244

For further information concerning this matter, please call:

George Williams
(904) 908-6989

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
(850) 245-6051

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
(850) 245-6051

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

FILED
2004-SEP-1 PM 1:22
CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is Kimgeo Financial, LLC.

ARTICLE II ADDRESS

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

Principal Office Address:
8008 Swamp Flowers Drive East
Jacksonville, FL 32244

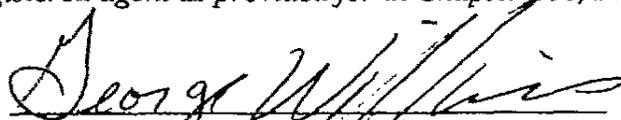
Mailing Address:
8008 Swamp Flowers Drive East
Jacksonville, FL 32244

ARTICLE III REGISTERED AGENT

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

George Williams
8008 Swamp Flowers Drive East
Jacksonville, FL 32244

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.

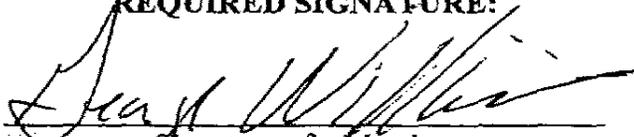

Registered Agent's Signature

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	George Williams 8008 Swamp Flowers Drive East Jacksonville, FL 32244
Managing Member	Kimberly L. Williams 8008 Swamp Flowers Drive East Jacksonville, FL 32244

REQUIRED SIGNATURE:



 Signature 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.)

George Williams

 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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 2004 SEP -1 PM 1:22
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA