

LOS 000075166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

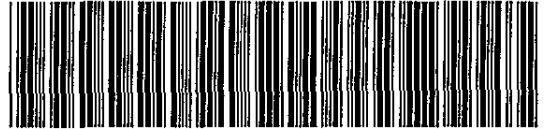
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700057675317

07/28/05--01024--006 \*#125.00

REGISTRY CENTER  
JUL 28 PM 1:01  
TOLL FREE

FILED

LOS-75166  
OR

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KMA Partners, 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:

Carole J. Velleca  
(Name of Person)

KMA Partners, LLC  
(Firm/Company)

6372 La Costa Drive #602  
(Address)

Boca Raton, Fl 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carole J. Velleca at ( 561 ) 302-4817  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations

SECRETARY OF STATE  
CORPORATION DIVISION  
JUL 29 PM 1:07  
RECEIVED

2005 JUL 23 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KMA Partners, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6372 La Costa Drive #602  
Boca Raton, FL 33433

**Mailing Address:**

6372 La Costa Drive #602  
Boca Raton, FL 33433

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

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

Carole J. Velleca  
Name

6372 La Costa Drive #602  
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33433  
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, F.S..*

  
Registered Agent's Signature

REC'D JUL 28 PM 1:01  
SECRETARY OF STATE  
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:**

MGRM

Barbara Proctor

11499 Orange Blossom Lane

Boca Raton, FL 33428

MGRM

Carole J. Velleca

6372 La Costa Drive #602

Boca Raton, FL 33433

MGRM

Mary Ellen Sorce

6372 La Costa Drive #602

Boca Raton, FL 33433

(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.)

Carole J. Velleca

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**