

L05000099468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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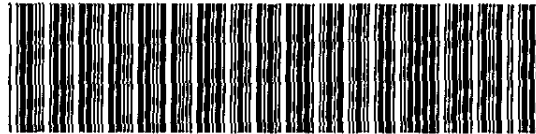
(Business Entity Name)

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J. BRYAN OCT 10 2005

GRAY|ROBINSON
ATTORNEYS AT LAW

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CLERMONT
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October 10, 2005

Division of Corporations
2661 Executive Center
Circle West
Tallahassee, FL 32301

Via Hand Delivery

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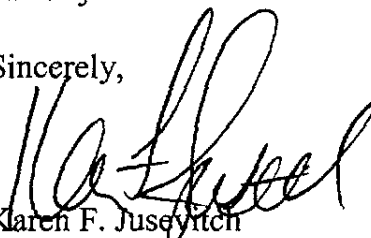
To Whom It May Concern:

Enclosed for filing, please find the **ARTICLES OF ORGANIZATION**, along with a check in the amount of **\$155.00** for the applicable filing fees and to obtain a **CERTIFIED COPY** for the following entity:

KM MEDIATOR ASSOCIATES, LLC

Upon receipt, please "date-stamp" the copy of the letter provided and call me at 577-9090 when the document is ready. Thank you for your assistance.

Sincerely,


Klarch F. Jusevitch
Paralegal

/kfj
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: KM MEDIATOR ASSOCIATES, LLC

ARTICLE II - Address:

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

P.O. BOX 77155
ORLANDO, FL 32877

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

The name and the Florida street address of the Registered Agent and the registered office are:

WILLIAM R. ROBINSON
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801

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

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)



Signature of a member or an authorized representative of a member.
WILLIAM R. ROBINSON, AUTHORIZED REPRESENTATIVE

(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.)

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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