

L08000104711



300133852393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

08/04/08--01012--018 #130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 NOV -7 PM 5:03

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Special Instructions to Filing Officer:

W08-36875
A. LUNT

NOV 10 2008

EXAMINER

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2008

KEVIN MCCARTHY
17357 PERDIDO BEACH BLVD.
PERDIDO KEY, FL 32507

SUBJECT: EXPRESS MEDICAL RECORDS LLC
Ref. Number: W08000036875

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TALLAHASSEE, FLORIDA

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We have received your document for EXPRESS MEDICAL RECORDS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 308A00044635

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Express Medical Records
(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:

(Name of Person)	FILED 2008 NOV -7 PM 5:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>KPMAC Holdings</u> (Firm/Company)	
<u>17357 Perdido Beach Blvd</u> (Address)	
<u>Perdido Key, FL 32507</u> (City/State and Zip Code)	

For further information concerning this matter, please call:

Kevin Mc Carthy at (317) 946-0496
 (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)

Mailing Address
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Express Medical Records LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

17357 Perdido Beach Blvd
Perdido Key FL 32507

Mailing Address:

6720 Parkdale Place
Indianapolis IN 46254

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

KPMAC LLC
Name

17357 Perdido Beach Blvd
Florida street address (P.O. Box **NOT** acceptable)

Perdido Key FL 32507
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 (REQUIRED)

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

Kevin P. McCarthy
17357 Perdido Beach Blvd
Perdido Key FL 32507

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Nov. 5, 2008 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Kevin P McCarthy

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)