

L09000047454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

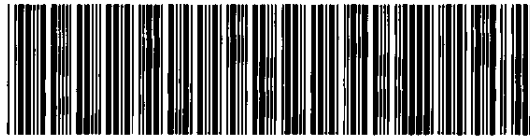
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600155807016

05/14/09--01021--017 \*\*125.00

FILED  
2009 MAY 14 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 15 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: S&K Electronic Medical Records, Billing, & Dictation, 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:

Kimberlea Travers

Name of Person

S&K Electronic Medical Records, Billing, & Dictation, LLC

Firm/Company

1612 NW 6th Ave

Address

Ft. Lauderdale, FL 33311

City/State and Zip Code

kim.emr@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberlea Travers

Name of Person

at ( 954 )

934-7257

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:

S&K Electronic Medical Records, Billing, and Dictation, LLC.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1612 NW 6th Ave  
Ft Lauderdale, FL 33311

#### Mailing Address:

1612 NW 6th Ave  
Ft Lauderdale, FL 33311

### 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:

Kimberlea Travers

Name

1612 NW 6th Ave

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

Ft Lauderdale FL 33311

City, State, and Zip

FILED  
2009 MAY 14 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Kimberlea Travers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2009 MAY 14 AM 11:05

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

Kimberlea Travers

1612 NW 6th Ave

Ft Lauderdale, FL 33311

MGRM

Robert Jenkins III

1612 NW 6th Ave

Ft Lauderdale, FL 33311

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: 5/11/09. (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:**

Kimberlea Travers  
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.)

Kimberlea Travers

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)**