

L09000059264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

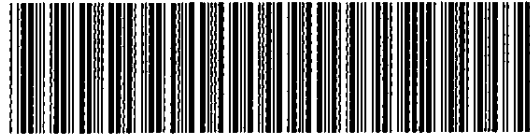
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700156929687

06/18/09--01025--012 \*\*160.00

RECEIVED

09 JUN 18 AM 11:07

OFFICE OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

09 JUN 18 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN 18 2009

EXAMINER



CT

a Wolters Kluwer business

CT

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel

850 222 7615 fax

www.ctlegalsolutions.com

June 17, 2009

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

FILED  
09 JUN 18 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 7589356 SO  
Customer Reference 1: None Given  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Professional Ventures Group, LLC (FL)  
Formation  
Florida

Professional Ventures Group, LLC (FL)  
Cert Copy of Articles of Org  
Florida

Professional Ventures Group, LLC (FL)  
Certificate of Status-Domestic  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Connie Bryan  
Assistant Secretary

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Professional Ventures Group, 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:

Tara Jarnigan

Name of Person

Kentucky Mountain Imaging, LLC

Firm/Company

1419 Chattanooga Avenue, Suite 4

Address

Dalton, GA 30720

City/State and Zip Code

tjarnagi@mpmnc.com

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

For further information concerning this matter, please call:

John B. Crysel

Name of Person

at (

615

) 963-3865  
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

FILED  
09 JUN 18 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Ventures Group, 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:

1419 Chattanooga Ave, Suite 4

Dalton, GA 30720

#### Mailing Address:

1419 Chattanooga Ave, Suite 4

Dalton, GA 30720

### 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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

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..*

C T Corporation System

By:

*Danny Verdecchia, Jr.*

Registered Agent's Signature (REQUIRED)

Danny Verdecchia, Jr. Asst. Secretary

(CONTINUED)

FILED  
09 JUN 18 PM 1:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

John B Crysel

7100 Commerce Way, Suite 60

Brentwood, TN 37027

MGRM

Paul D Ellis

1419 Chattanooga Avenue, Suite 4

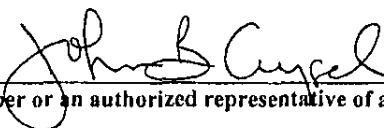
Dalton, GA 30720

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

John B. Crysel

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)**