H11000004466

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: **Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000009079 3)))

H11000090793ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : THE STRATEGIC COUNSEL, L.C.
Account Number : I20040000092
Phone : (813)286-1100
Fax Number : ~~(813)286-3600~~ 813-909-9329

FILED
11 JAN 11 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
KMG3 MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

RECEIVED
11 JAN 11 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

J. BRYAN
JAN 12 2011
EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe 1/11/2011

LLC H11000009079 3)))

ARTICLES OF ORGANIZATION
OF
KMG3 MANAGEMENT, LLC

ARTICLE I - NAME

The name of the limited liability company is KMG3 MANAGEMENT, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:	Mailing Address:
19810 Wellington Manor Blvd	19810 Wellington Manor Blvd
Lutz, FL 33549	Lutz, FL 33549

FILED
11 JAN 11 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Steven P. Riley
4805 West Laurel Street, Suite 230
Tampa, Florida 33607

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.

Steven P. Riley

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MG MGMR" = Managing "MR" =Member	
MGR/MR	KRISHNA MALEMPATI 19810 Wellington Manor Blvd Lutz, FL 33549

FILED
11 JAN 11 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Krishna Malempati

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.)

KRISHNA MALEMPATI

Typed or printed name of signee