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(City/State/Zip/Phone #)

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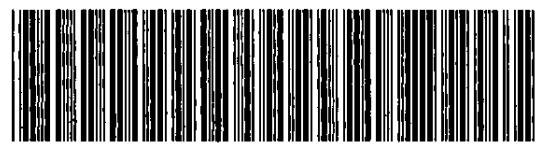
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

111

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KL SPEECH, 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:

MARY ALICE GWYNN
Name of Person

MARY ALICE GWYNN, P.A.
Firm/Company

817 GEORGE BUSH BOULEVARD
Address

DELRAY BEACH, FL 33483
City/State and Zip Code

katylorne@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Alice Gwynn 561 330-0633
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

KL SPEECH, LLC

ARTICLE I – NAME

The name of the limited liability company is KL SPEECH, LLC ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

417 NW 17TH Street
Delray Beach, FL 33444

Mailing Address:

417 NW 17TH Street
Delray Beach, FL 33444

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

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

MARY ALICE GWYNN, ESQ.
817 George Bush Boulevard
Delray Beach, Florida 33483

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 605, F.S.



MARY ALICE GWYNN, ESQ.

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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of the person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
Managing Member	KATHYN M. LORNE 417 NW 17 TH Street Delray Beach, FL 33444

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ARTICLE V - OTHER MATTERS

The business of the company will be speech pathology, working to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults..

The company will be managed by the named Managing Member.

REQUIRED SIGNATURE:



KATHRYN M. LORNE

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.