

L230 00028850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

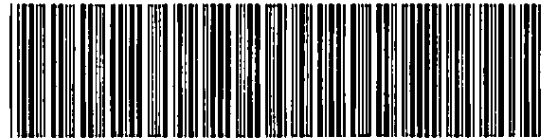
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/23/23--01023--010 **22.50

08/05/22--01024--014 **137.50

D. O'KEEFE

JAN 23 2023

FILED
JAN 23 2023
FALL APASSIST. CT

2023 JAN 23 AM 10:39

W22-105521

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: KL REVENUE CYCLE MANAGEMENT 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:

LISA WALKER
Name of Person

KL REVENUE CYCLE MANAGEMENT
Firm/Company

9956 CHIANA CIR
Address

FORT MYERS, FLORIDA 33905
City/State and Zip Code

KLRCMLLC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA WALKER 309 696-6914
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KL REVENUE CYCLE MANAGEMENT LLC.

(Must contain 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:

9956 CHIANA CIR

FORT MYERS, FL 33905

Mailing Address:

9956 CHIANA CIR

FORT MYERS, FL 33905

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:

ESTELLA BORQUEZ

Name

9956 CHIANA CIR

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

FORT MYERS

FLORIDA

33905

City

State

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 605, F.S..

Estella Borquez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JAN 23 AM 10:39
CLERK OF DISTRICT COURT
ALL AMERICAN COURT REPORTERS

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

ESTELLA BORQUEZ
9956 CHIAN CIR
FORT MYERS, FL 33905

MGR

LISA WALKER
5107 E LAWRENCE AVE
CHILLICOTHE, IL 61523

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/06/2022, (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

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.

Lisa Walker

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)

FILED
2023 JAN 23 AM 10:35
CLERK OF THE COURT
HALL COUNTY, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KL REVENUE CYCLE MANAGEMENT LLC.

(Must contain 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:

9956 CHIANA CIR

FORT MYERS, FL. 33905

Mailing Address:

9956 CHIANA CIR

FORT MYERS, FL 33905

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:

ESTELLA BORQUEZ

Name

9956 CHANA CIR

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

FORT MYERS

FLORIDA

33905

City

State

Zip

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Estella Borquez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2023 JAN 23 AM 10:35
CLERK OF CIRCUIT COURT
JANUARY 23 2023
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ESTELLA BORQUEZ
9956 CHIAN CIR
FORT MYERS, FL 33905

MGR

LISA WALKER
5107 E LAWRENCE AVE
CHILLICOTHE, IL 61523

FILED
2028 JAN 23 AM 10:39
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

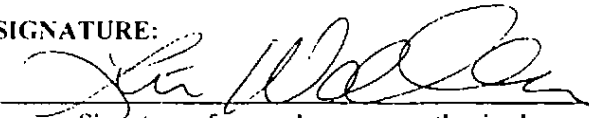
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\$ 5.00 Certificate of Status (Optional)