

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 224-1222

L010000012945

M.C.R. Company, LLC.

700004514627--4

-08/03/01--01079--024
*****39.00 *****39.00

700004514627--4

-08/03/01--01079--025
*****116.00 *****116.00

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☒ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☒ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG -3 PM 12:12
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
01 AUG -3 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-01

Signature

Requested by: KC

Name

Date

Time

Walk-In

Will Pick Up

ARTICLES OF ORGANIZATION

OF

M.C.R. COMPANY, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is M.C.R. Company, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 2355 S.E. Seafury Lane, Port St. Lucie, Florida 34952.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Members of the Company are as follows:

Kathleen Corcoran	Paul Miret	Lou Anne Reagle.
2355 S.E. Seafury Lane	2355 S.E. Seafury Lane	2355 S.E. Seafury Lane
Port St. Lucie, Florida 34952	Port St. Lucie, Florida 34952	Port St. Lucie, Florida 34952

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

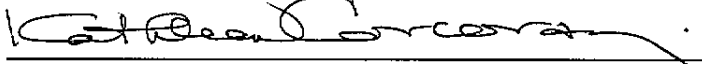
In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

01 AUG -3 PM 1:41
SECRETARY OF STATE
FALLS CHASSE, FLORIDA

APPROVED
AND
FILED

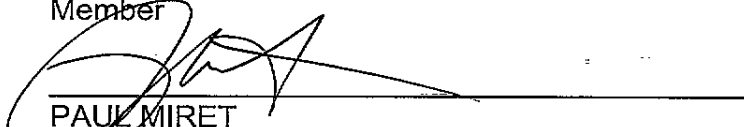
ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Kathleen Corcoran, 2355 S.E. Seafury Lane, Port St. Lucie, Florida 34952.



KATHLEEN CORCORAN

Member



PAUL MIRET

Member



LOU ANNE REAGLE

Member

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Kathleen Corcoran, Paul Miret and Lou Anne Reagle, who have produced n/a as identification or who are personally known to me and who executed the foregoing Articles of Organization, and they acknowledged before me that they executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 1 day of August, 2001.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public State of Florida at Large

Printed Signature:

My Commission No:

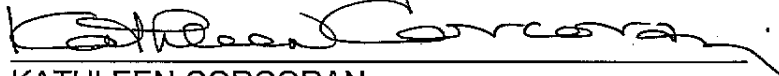
My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.



KATHLEEN CORCORAN
Registered Agent

**STATE OF FLORIDA
COUNTY OF ST. LUCIE**

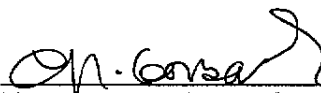
BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Kathleen Corcoran, who has produced n/a as identification or who is personally known to me and who executed the foregoing Articles of Organization, and she acknowledged before me that she executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this 1 day of August, 2001.

(S E A L)



Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TROY PAINE INSURANCE, INC.



Notary Public State of Florida at Large
Printed Signature:
My Commission No:
My Commission Expires:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVE
AND
FILED