

# L03000042088

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

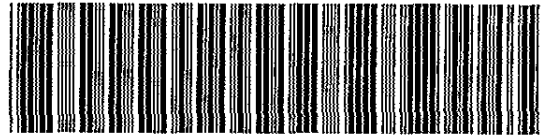
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Oct 23 03 12:10p

Gregg Thomas

913-385-7214

p. 2

### TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: McCracken & McCracken, 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:

Gregg Thomas  
(Name of Person)

(Firm/Company)

Santa Fe Law Building, 8000 Foster  
(Address)

Overland Park, KS 66204  
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregg Thomas at (913) 385-7213  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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p. 3

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

McCracken & McCracken, LLC

ARTICLE II - Address:

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

Principal Office Address:

8375 Woodridge Pointe Dr.  
Fort Myers,  
FL 33912

Mailing Address:

8375 Woodridge Pointe Dr.  
Fort Myers,  
FL 33912

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Frederick W. McCracken  
Name

8375 Woodridge Pointe Dr.  
Florida street address (P.O. Box NOT acceptable)

Fort Myers, FL 33912  
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, Florida Statutes..

Frederick W. McCracken  
Registered Agent's Signature  
Frederick W. McCracken

Oct 23 03 12:10p

Gregg Thomas

913-385-7214

P. 4

**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

MGRM

MGRM

**Name and Address:**

Frederick W. McCracken  
8375 Woodridge Pointe Dr.  
Fort Myers, FL 33912

William Scott McCracken  
451 N. Shoreline Blvd.  
Mountain View, CA 94043

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

Frederick W. McCracken

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)