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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

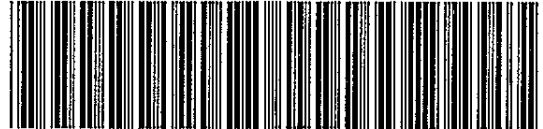
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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W 12/08

Mc CORD ELECTRIC  
ER0011803  
561-770-1581  
2455 82nd Ave. S.W.  
Vero Beach, FL 32968

772-770-1581

or  
Cell 772-559-3464

11-24-03

To: Registration Section  
Division of Corps.  
PO Box 6327  
Tallahassee  
FL 32314

Please find Enclosed, CK for \$160<sup>00</sup>  
Articles of organization to Form an LLC  
I need to do this for my  
electric Co. so I can qualify  
as Workmens Comp. Exempt

Thank you  
TE McCord

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McCord Electric  
(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:

Tim McCord  
(Name of Person)

McCord Electric  
(Firm/Company)

2455 82<sup>nd</sup> Ave SW  
(Address)

Vero Beach FL 32968  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim McCord at (772) 770-1581  
(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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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

McCord Electric LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

McCord Electric  
2455 82nd Ave SW  
Vero Beach FL 32968

**Mailing Address:**

Same  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Timothy C. McCord  
Name  
2455 82nd Ave SW.  
Florida street address (P.O. Box NOT acceptable)  
Vero Beach FL 32968  
City, State, and Zip

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*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..*

TC McCord  
Registered Agent's Signature

**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

"MGR"

"MGRM"

**Name and Address:**

Timothy C. McCord  
2455 82nd Ave SW  
Vero Beach FL 32968

Lamie N. McCord  
2455 82nd Ave SW  
Vero Beach FL 32968

(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 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Timothy C. McCord  
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)

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