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# TRANSMITTAL LETTER

	gistration Section ision of Corporations			
SUBJECT: MC Development Group, LLC  (Name of Limited Liability Company)				
	Please return all correspondence concerning this matter to the following:			
Richard T. Schnars				
	(Name of Person)			
	Richard T. Schnars Co., LPA			
	(Firm/Company)			
320	5 Bretton Street, NW, Suite 300			
	(Address)			
North Canton, Ohio 44720				
	(City/State and Zip Code)			
For further	information concerning this matter, please call:			
Richard T.	at (			
	(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Line	oility Company is:	
MC Development Group, LLC		
ARTICLE II - Address: The mailing address and stree	et address of the principal	office of the Limited Liability Company is
Principal Office Address:		Mailing Address:
4418 Belden Village St., NW		Same
North Canton, Ohio 44718		
ARTICLE III - Registered . The name and the Florida stre		e, & Registered Agent's Signature: ed agent are:
Agents an	d Corporations, Inc.	
Agents an	d Corporations, Inc.	
Suite E, 7		
Suite E, 7	Name 73 4th Avenue, North rida street address (P.O. Box )	

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.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Tom Myers	
	4418 Belden Village St, NW	
	Canton, Ohio 44718	
MGRM	Todd M. Clark	
	1115 S 4th Street	
	Louisville, Kentucky 40203	
(The attachment is necessary)		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE:	. 0	
/ // /	<i> </i>	

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.)

RICHARD T. SCHNARS
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)