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To:

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (877) 527-3463  
Fax Number : (305) 675-2811

**LIMITED LIABILITY COMPANY**

**EDWARD MCCABE, LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

EDWARD MCCABE, LLC

**ARTICLE II ADDRESS**

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

2355 LINTON RIDGE CIRCLE F11

DELRAY BEACH, FL 33444

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

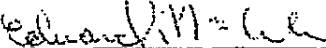
The name and the Florida street address of the registered agent are:

EDWARD MCCABE

2355 LINTON RIDGE CIRCLE F11

DELRAY BEACH, FL 33444

Having been named as registered agent 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, F.S..



Registered Agent's

**ARTICLE IV MEMBERS**

MANAGING MEMBER:

EDWARD MCCABE

2355 LINTON RIDGE CIRCLE F11

DELRAY BEACH, FL 33444



Signature of a member or an authorized representative of a

(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.

EDWARD MCCABE

Typed or printed name of signee

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