## L05000080660

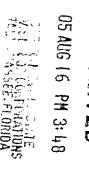
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	<u> </u>
Special Instructions to Filing Officer:	7
Office Use Only	



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MCC. Develop			05 AUG 16 PM 4:21 TALLAHASSEE. FLORIDA	
	<u>, ,                                  </u>		A CT . T <sup>2</sup> 1	
			Art of Inc. File	
		ı	LTD Partnership File	
			Foreign Corp. File  L.C. File	<b>-</b>
			Fictitious Name File	
			Trade/Service Mark	
			Merger File	
			Art. of Amend. File	
			RA Resignation	<del></del>
			Dissolution / Withdrawal	<u>.</u>
			Annual Report / Reinstatement	
			Cert, Copy	
			Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	<u> </u>
			Certificate of Fictitious Name	<del></del>
			Corp Record Search	
			Officer Search_	
			Fictitious Search	
Signature			Fictitious Owner Search	<del></del>
			Vehicle Search	
			Driving Record	
Requested by:	01.1.	0.50	UCC 1 or 3 File	
Name	8/16/05 Date	<u>2:50</u> Time	UCC 11 Search	
			UCC 11 Retrieval	<u>.</u>
Walk-In	Will Pick Up		Courier	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Companý is:
MCC DEVELOPM	ENT, LLC
ARTICLE II - Address: The mailing address and street	t address of the principal office of the Limited Liability Company is:
172 107th Avenue Treasure Island,	
ARTICLE III - Registered	Agent, Registered Office, & Registered Agent's Signature of
The name and the Florida sur	eet address of the registered agent are:
	Harry Carter
~	172 107th Avenue
-	Florida street address (P.O. Box NOT acceptable) Treasure Island, FL 33706
	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, F.S.

X Harry Cottes
(Registered Agent's Signature

Apticle IV - Management (Check box if applicable.)

[X] The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Harry Carter

Typed or printed name of signee

Filing Fees:
5100.00 Filing Fee for Articles of Organization
5 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)