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## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: * MCCain and Associates 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:
Robert Scott McCain Sr. 33
* mcain and Associates LLC
280 Footbill Farms rd. (Address)
+ Orange CityFL 37763 (City/State and Zip Code)
For further information concerning this matter, please call:
* Robert 5. MCCaIN at (386) 804-6750 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

## **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:	
Bobart S. MCCa 280 Footbill Fairms	in Robert S. mcCain and 780 Foothill forms re	7
prange City FL. 37	763 Ovange City EL 3276	2
ARTICLE III - Registered Agent, Regi	stered Office. & Registered Agent's Signature:	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

780 Foothill Fams VolFlorida street address (P.O. Box NOT acceptable)

Y Ovange City FL 32463

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	The state of the s
MGR MGRM	· Robert S. mcCain- · 280 Footbill Farms r · Drapal CHU FL 3276
MGRM	×505an H. noclair ×280 taxtoll forms ×01000 City FL32
(Use attachment if necessary)	
(Use attachment if necessary)	the date of filing: (OPTIONAL)
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pr
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
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LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with of this document contact that the facts states.)	st be specific and cannot be more than five business days prior $\mathcal{A}$ . $\mathcal{M}^c$

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)