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SECRETARY OF STATE

T. CLINE

OCT 2 1 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Adams/McCarthy, LLC		
	ted Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Peter A. Roth		
	Name of Person	
McCarthy, Leonard & Kae	emmerer, L.C.	
	Firm/Company	
400 South Woods Mill Rd.,	Suite 250	
100 000011 110000 111111 1101.	Address	
01 1 5 11 140 00047		
Chesterfield, MO 63017	ty/State and Zip Code	
proth@mlklaw.com	systate and Esp code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	e call:	
Thomas W. McCarthy III	at (314) 392-5200	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	Area Code & Daytime Telephone Number SECRETAR ARR 20 10 10 10 10 10 10 10 10 10	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy stations copy station	TIE
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

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:

Adams/McCarthy, LLC	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o Peter A. Roth 400 S. Woods Mill Rd., Suite 250 Chesterfield, MO 63017	c/o Peter A. Roth 400 S. Woods Mill Rd., Suite 250 Chesterfield, MO 63017
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
Thomas W. McCa	rthy III
	Name
4751 Gulf Shore Blvd	. North, The Terraces #703
Florida str	eet address (P.O. Box NOT acceptable)
Naples	_{FL} 34103
C	lity, State, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and compl	nd to accept service of process for the above stated inited and in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familian with and sergistered agent as provided for in Chapter 108, 5

(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 Memb	per
MGRM	Douglas F. Adams
	262 Little Harbour Lane
	Naples, FL 34102
MGRM	Thomas W. McCarthy III
 	284 Herworth Drive
	Chesterfield, MO 63005
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
	must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<u>REQUIRED</u> SIGNATURE:	
1 han	man hi Mc Carthy?
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas W. McCarthy III

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

2011 OCT 20 AM H: 37