

Division of Corporations

L16 000155161

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000202635 3)))



H16000202635ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-FAX

To:

Division of Corporations
Fax Number : (850) 617-6381

REF NO.:

W16000057050

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075503004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

PLEASE PROVIDE
ORIGINAL FILING
DATE.

THANK YOU.

LETTER NO.:

916A00017326

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jhilbert@slk-law.com

FLORIDA LIMITED LIABILITY CO.

ALTER NATE NAME:
"MCS ONE, LLC"

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

AUG 22 2016

T. SCOTT

16 AUG 16 AM 9:43

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MCS ONE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

5424 Shearwater Drive

Sanibel, Florida 33957

Mailing Address:

1000 Jackson Street

Toledo, OH 43604

ARTICLE III - Registered Agent, Registered 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:

John W. Hilbert II

Name

17056 Marina Cove Lane

Florida street address (P.O. Box **NOT** acceptable)

Fort Myers

Florida

33908

City

State

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 605, F.S..

By:

John W. Hilbert II

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

David W. Kienzle

5424 Shearwater Drive

Sanibel, Florida 33957

(Use attachment if necessary)

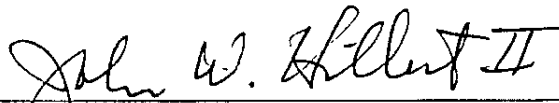
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

John W. Hilbert II

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)