## L2W000007

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100338944361

12/20/19--01001--011 \*\*128.00

ECRLIARY OF STAT

## COVER LETTER

	New Filing Section Division of Corporations
emp nec	McDC Energy Group, LLC
SUBJEC	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Raymond M. Roberts, Esq.
	Name of Person
	Rothman Gordon, P.C.
	Firm/Company
	310 Grant Street, Third Floor
	Address
	Pittsburgh, PA 15219
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	information concerning this matter, please call:
	Raymond M. Roberts, Esq. 412 338-1184
	Name of Person Area Code Daytime Telephone Number
Enclosed	l is a check for the following amount:
<b>\$125.00</b>	Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
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:	
MeDC Energy Group, LLC  (Must contain the words "Limited Liability	Company "L.I. C. "or "LI C.")
(Must contain the words   Limited Liability	Company, E.E.C., or EEC. 7
ARTICLE II - Address: The mailing address and street address of the principal office of  Principal Office Address:	the Limited Liability Company is:  Mailing Address:
326 36th Street NE	326 36th Street NE
Bradenton, FL 34208	Bradenton, FL 34208
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	stered Agent's Signature: red Agent. You must designate an individual or

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

Kevin J. McLaughlin				
	Name			
326 36th Street NE				
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)		
Bradenton	FL	34208		
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

2020 JAN 21 PM 12: 07 SEOFILARY DE STATE

	Name and Address:
"AMBR" = Authorized Membe	г
"MGR" = Manager	Kevin J. McLaughlin
AMBR	326 36th Street NE
	Bradenton, FL 34208
A 1 4 1 3 1 3	Jennifer McSorley-McLaughlin
AMBR	326 36th Street NE
	Bradenton, FL 34208
	Diddenion, 22 - 12 - 1
ICLEM: Effection data if other day	
n effective date is listed, the date mate of filing.)  If the date inserted in this block of	loes not meet the applicable statutory filing requirements, this date will not be listed a
n effective date is listed, the date m late of filing.)	ust be specific and cannot be more than five business days prior to or 90 days after loss not meet the applicable statutory filing requirements, this date will not be listed a
effective date is listed, the date mate of filing.)  If the date inserted in this block cocument's effective date on the De ICLE VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 days after loss not meet the applicable statutory filing requirements, this date will not be listed a
n effective date is listed, the date mate of filing.)  If the date inserted in this block of locument's effective date on the De ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 90 days after loss not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
effective date is listed, the date mate of filing.)  If the date inserted in this block cocument's effective date on the Defective d	ust be specific and cannot be more than five business days prior to or 90 days after loss not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.

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

\$ 30.00 Certified Copy (Optional)

والمراجية والمراور

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)