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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

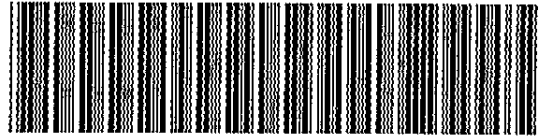
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC Articles Filing Letter

Divisions of Corporations  
409 E. Gaines Str.  
Tallahassee, FL 32399

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LLC Filings Office:

I enclose an original and 1 copy of the proposed Articles of Organization of **METECOM LLC**, a proposed domestic limited liability company. Please file the Articles of Organization and return a file-stamped copy of the original Articles or other receipt, acknowledgment or proof of filing to me at the address below.

A check/money order in the amount of \$155.00, made payable to your office, for total filing and processing fees is enclosed.

Sincerely,

  
\_\_\_\_\_, Organizer

Mieczyslaw Kijek  
4360 Northlake Blvd. Suite 203  
Palm Beach Gardens, FL 33410

(561) 627-4737

Enclosures: Articles of Organization; check/money order

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STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**METECOM LLC**

**ARTICLE II - Address:**

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

**4360 NORTHLAKE BLVD. SUITE 203  
PALM BEACH GARDENS, FL 33410**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**MIECZYSLAW KIJEK**

Name

**4360 NORTHLAKE BLVD. SUITE 203**

Florida street address (P.O. Box **NOI** acceptable)

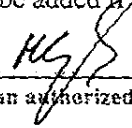
**PALM BEACH GARDENS FL 33410**

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

(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.)

**MIECZYSLAW KIJEK**

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)