

**W04000037067**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

5/14 FLIC

**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.**

(((H04000105462 3)))

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

## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088**LIMITED LIABILITY COMPANY**

Metro Coffee, Wine &amp; Social Club LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

Electronic Filing Menu

Corporate Filing

Public Access Help

04 MAY 14 PM 3:45

RECEIVED  
04 MAY 14 PM 12:11  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**Metro Coffee, Wine & Social Club LLC****ARTICLE II - Address**

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

**Principal Office Address:****Mailing Address:**712 Tropical Circle712 Tropical CircleSarasota, FL 34242Sarasota, FL 34242**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

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

**Elizabeth A. Nelson**Name**712 Tropical Circle**(P.O. Box or Mail Drop Box **NOT** Acceptable)**Sarasota, FL 34242**(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 608, F.S.*

  
Registered Agent's Signature - Elizabeth A. Nelson

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Elizabeth A. Nelson- 712 Tropical Circle, Sarasota, FL 34242

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

\_\_\_\_\_  
Signature of a member or 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. )

Elizabeth A. Nelson

\_\_\_\_\_  
Typed or printed name of signee