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W04-26082



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07/07/04--01012--018 \*\*100.00

07/20/04--01013--001 \*\*25.00

FILED  
JUL 20 2004  
TALLAHASSEE, FLORIDA

04 JUL 20 AM 9:22

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 8, 2004

MICHAEL C. BERRY, SR  
1106 N. FORT HARRISON STE. 1  
CLEARWATER, FL 33755

SUBJECT: METECKI, L.L.C.  
Ref. Number: W04000026082

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TALLAHASSEE, FLORIDA

We have received your document for METECKI, L.L.C. and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 304A00043787

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Metecki, L. L. C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael C. Berry, Sr.  
(Name of Person)

Michael C. Berry & Associates, P. A.  
(Firm/Company)

1106 N. Fort Harrison, Suite 1  
(Address)

Clearwater, Florida 33755  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael C. Berry, Sr. at ( 727 ) 447-0533  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Metrecki, L. L. C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

880 Mandaly, S-411

Clearwater, Florida 33767

**Mailing Address:**

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

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

Michael C. Berry, Sr., Attorney

Name

1106 N. Fort Harrison, Suite 1

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

Clearwater, Florida 33755

FLORIDA

City, State, and Zip

**FILED**  
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TALLAHASSEE, FLORIDA

*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, Florida Statutes..*

*Michael C. Berry, Sr., Attorney*  
Registered Agent's Signature

**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

Robert Lannen

880 Mandalay S-411

Clearwater, Florida 33767

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Michael C. Berry, Sr. Attorney  
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.)

Michael C. Berry, Sr. Attorney  
Typed or printed name of signee

**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)

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TALLAHASSEE, FLORIDA