Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

RECEIVED
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IVISION OF CORPORATIO

LIMITED LIABILITY COMPANY

Metro Marketplace, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Public Assess Hale

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company i	is:		
Metro Marketplace, 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:		
12651 McGregor Boulevard, #4-403	Same		
Fort Myers, FL 33919			
	2	<u>.</u>	
		55 55	
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ARTICLE HI - Registered Agent, Registere The name and the Florida street address of the	ed Office, & Registered Agent's Signature:	COR	
rde name and die 1.1011da aneer andless of the	_	POK	
Select Real Estate by	y Stephanie Miller, Inc.	71	
Name		2	
12651 McGregor	r Houlevard, #4-403		
Florida street address (P	O. Box NOT acceptable)		
Ft. Myers	FLORIDA 33919		
City, State,			

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..

Select Real Estate by Stephanie Miller, Inc.

By: Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Line:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Paul J. Antonuccio
	2 Forest Lake Drive
	Media, PA 19063
Use attachment if necessary)	
,	

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

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul J. Antonucció

Typed or printed name of signee

Filing Feet

\$100,00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)