

L06000007602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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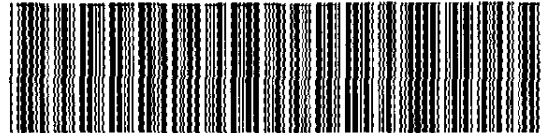
(Business Entity Name)

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Metz 20, LLC

Signature

Requested by:

Name

Date

Time

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

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**ARTICLES OF ORGANIZATION**

**OF**

**METZ 2 U, LLC**

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is METZ 2 U, LLC

**ARTICLE II**  
**ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 4615 Gulf Boulevard, Suite 120, St. Pete Beach, Florida 33706.

**ARTICLE III**  
**REGISTERED AGENT**

The name and street address of the Limited Liability Company's initial registered agent for service of process are MICHAEL SEIMETZ, 4615 Gulf Boulevard, Suite 120, St. Pete Beach, Florida 33706.

**ARTICLE IV**  
**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE V**  
**MANAGEMENT**

The Limited Liability Company is to be a member-managed company and the name and address of the managing member is:

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MICHAEL SEIMETZ  
4615 Gulf Boulevard, Suite 120  
St. Pete Beach, Florida 33706

**ARTICLE VI**  
**ADMISSION OF ADDITIONAL MEMBERS**

No person shall be admitted as a member of the Limited Liability company unless each member consents in writing to the admission.

**ARTICLE VII**  
**MEMBERS RIGHTS TO CONTINUE BUSINESS**

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

Under penalties of perjury, the undersigned affirms that the facts stated herein are true.

  
\_\_\_\_\_  
MICHAEL SEIMETZ

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Limited Liability Company is METZ 2 U, LLC
2. The name and address of the registered agent and registered office are MICHAEL SEIMETZ, 4615 Gulf Boulevard, Suite 120, St. Pete Beach, Florida 33706.

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 positions as registered agent.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Dated this 20<sup>th</sup> day of January, 2006.

  
\_\_\_\_\_  
MICHAEL SEIMETZ