

LD7000015560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

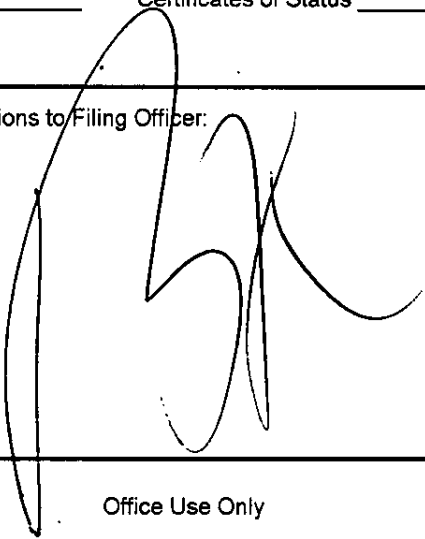
PICK-UP WAIT MAIL

(Business Entity Name)

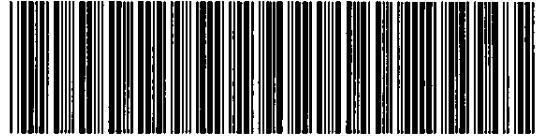
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

07 FEB 12 PM 1:00

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**LAZARUS
CORPORATE FILING SERVICE**

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MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. METROPOLIS DESIGN LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2:00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

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TALLAHASSEE FLORIDA

Examiner's Initials

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I-NAME

The name of the Limited Liability Company is:

METROPOLIS DESIGN LLC

ARTICLE II-ADDRESS:

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

PRINCIPAL OFFICE ADDRESS:

6412 NW 57TH COURT
TAMARAC FL 33321

MAILING ADDRESS:

6412 NW 57TH COURT
TAMARAC FL 33321

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:

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

ROBERT PREGITZER

(NAME)

6412 NW 57TH COURT

FLORIDA STREET ADDRESS (P.O BOX NOT ACCEPTABLE)

TAMARAC FLA 33321

CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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 SIGNATURE

ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

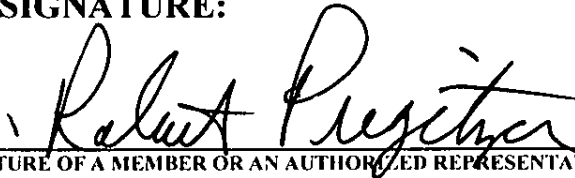
MGR= ROBERT PREGITZER, 6412 NW 57TH COURT TAMARAC FLA 33321

MGR= ILKENIA PREGITZER, 6412 NW 57TH COURT TAMARAC FLA 33321

(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), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERT PREGITZER

Typed or printed name of signed

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