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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

NOV 2 2 2018

EXAMINER

COVER LETTER

TQ:

Registration Section

Division of Corporati	ons		
SUBJECT: Metro City	Patrol LLC		
SUBJECT:		ed Liability Company	
The enclosed Articles of Organi	ization and fee(s) are	submitted for filing.	
Please return all correspondence	e concerning this matt	er to the following:	
Steven Colon	l		
		Name of Person	•
Metro City Pa	trol		
		Firm/Company	
4801 Fort Ste	ven St. Apt 50	04	10 NOV 19 AM 11: 55 SECRETARY OF STATE STATE STATE STATE STATE STATE STATE STATE STATE SECRETARY OF SECRE
		Address	
Orlando FL, 328	322		HASSEE, FI
·		y/State and Zip Code	<u> </u>
metrocitypatrol@			0R.II
E-m	ail address: (to be used f	or future annual report notification)	Margan
For further information concern	ing this matter, please	e call:	
Steven Colon		at (407) 591-9492	
Name of Person	n	Area Code & Daytime Tele	phone Number
Enclosed is a check for the fo	ollowing amount:		
\$125.00 Filing Fee \$130 Cer	.00 Filing Fee & tificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi: Divis P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	my is: 💮 👵 🥠 💍 🥀
Metro City Patrol LLC	5 7 9
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is.
The maning address and sheet address of	The principal control of the principal control
Principal Office Address:	Mailing Address:
	4801 Fort Stevens ST. Apt. 504
	Orlando FL, 32822

business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an individual or another of the registered agent are:
Steven Colon	
	Name
4801 Fort Ste	evens ST. Apt. 504
Florida st	reet address (P.O. Box <u>NOT</u> acceptable)
Orlando	_{FL} 32822
	City, State, and Zip
liability company at the place designat registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all elete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

<u> Title:</u>	Name and Address:
"MGR" = Manager	A SE
"MGRM" = Managing Member	
MGRM	Steven Colon 4801 Fort Stevens ST. Apt. 504 Orlando FL, 32822
WIGHT	4801 Fort Stevens ST. Apt. 504
	Orlando FL, 32822
	(A)
-	
• ,	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
ffective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a mem	e specific and cannot be more than five business day

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)