

12/09/2010 15:00

850-255-3004

DEPT OF STATE

PAGE 01/03

DIVISION OF CORPORATIONS

PAGE 1 OF 1

L10000126763
2nd fax Request

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

H10000126763
((H10000126763))



H10000126763ABCI

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : T20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

L. SELLERS
DEC 10 2010
EXAMINER

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MIAMI METRICS LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
10 DEC -9 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Please
10 DEC -8 PM 02:23
[Signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

COMPANY

The undersigned incorporate(s), for the purpose of forming a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

ARTICLE I

NAME

The name of the Limited Liability Company is:

MIAMI METRICS LLC

EFFECTIVE DATE: JANUARY 01, 2011

ARTICLE II

ADDRESS

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

35102 SW 213th AVENUE
FLORIDA CITY FL 33034

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S

SIGNATURE

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

ROBERTO P PEREZ
35102 SW 213th AVENUE
FLORIDA FL 33034

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -08 AM 10:23

FILED

position as registered agent as provided for in Chapter 608, F.S.

By: 

ROBERTO P PEREZ
Registered Agent

ARTICLE IV

Manager(s) or Managing Member(s):

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

Title

Name and Address:


MGRM

**ROBERTO P PEREZ
35102 SW 213th AVENUE
FLORIDA CITY FL 33034**


ROBERTO P PEREZ - MGRM


LOURDES P PEREZ - MGR

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.


Typed or printed name of signee