# L11000000949

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Effective Date 05/18//1

FILED

11 MAY 23 PM 3: 30

SECRETARY OF STATE
AND LARRON

J. BRYAN

MAY 24 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Metis Consulting (	Group, LLC.
	of Limited Liability Company
The enclosed Articles of Organization and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Adrian Nagy	Name of Person  UP, LLC  Firm/Company
	Name of Person
Metis Consulting Gro	up, LLC
	Firm/Company
15419 Plantation Oaks	s Drive 14
	Address
Tampa, FL 33647	
	City/State and Zip Code
adrian_nagy1@yahoo.com	be used for future annual report notification)
	·
For further information concerning this matter	r, please call:
Adrian Nagy	at (813 ) 362-6288
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	ount;
\$125.00 Filing Fee \$130.00 Filing Fe Certificate of St	
Mailing Address Registration Section Division of Corpon P.O. Box 6327 Tallahassee, FL 33	rations Division of Corporations Clifton Building

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	THE PARTY OF THE P
Methis Consulting Group, LLC	C. 75% 2
(Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the particle.	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15419 Plantation Oaks Drive 14 Tampa, FL 33647	15419 Plantation Oaks Drive 14 Tampa, FL 33647
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the  Adrian Nagy	istered Agent. You must designate an individual or another  Effective Date 05/18 registered agent are:
15419 Plantation	
	ddress (P.O. Box NOT acceptable)
Tampa	FL 33647 State, and Zip
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	State, and Zip  o accept service of process for the above stated limited a this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (REQUIRED)

(CONTINUED)

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

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

MGR	Adrian Nagy
MOR	15419 Plantation Oaks Drive 14
	Tampa, FL 33647
	(3)
(Use attachment if necessary)	
	E/49/0014
CLE V: Effective date, if other that	an the date of filing: 5/18/2011 (OPTIONAL
ffective date is listed, the date m	ust be specific and cannot be more than five business days

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### ADRIAN NAGY

Typed or printed name of signee

### 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)