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| (Requestor's | Name) |
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| (Address) | |
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| (City/State/Z | ip/Phone #) |
| PICK-UP W | /AIT MAIL |
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| Certified Copies Ce | rtificates of Status |
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SECRETARY OF STATE
ANASSEF, FLORIDA

J. BRYAN FEB - 7 2012

EXAMINER

COVER LETTER

| | ration Section on of Corporations | · | |
|-------------------|--|---|---|
| SUBJECT: N | Metrione Construction | Services L.L.C. | ************************************** |
| | Name of Lim | ited Liability Company | |
| | | | · · · · · · · · · · · · · · · · · · · |
| The enclosed A | rticles of Organization and fee(s) are | e submitted for filing. | |
| Please return all | correspondence concerning this ma | utter to the following: | |
| Dona | ald Metrione | | , |
| | | Name of Person | |
| | | | · |
| | · · · · · · · · · · · · · · · · · · · | Firm/Company | 一点点 |
| · 0000 | V Disputation and December 1 | | FEB-6 |
| 8280 | Boonesboro Road | | TE O M |
| | | Address | Eng. 3 C |
| North | Fort Myers, Florida 339 | 917 | FIST |
| | | ity/State and Zip Code | THE STATE OF |
| donme | etrione@gmail.com | | 7 |
| | E-mail address: (to be used | for future annual report notification) | |
| For further infor | mation concerning this matter, pleas | se call: | |
| Don Metrio | ne. | at / 239) 633-7095 | |
| | Name of Person | at (235) 033-7093 Area Code & Daytime Telep | phone Number |
| | | rnou code az zajame reiej | Sione Hunder |
| Enclosed is a c | heck for the following amount: | | |
| \$125.00 Filing F | Fee \$130.00 Filing Fee & Certificate 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) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building | ircle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | | | | |
|--|--|--|--|--|
| Metrione Construction Services L.L.C. | | | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC." | | | | |

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---|--|
| 8280 Boonesboro Road North Fort Myers, Florida 33917 | 8280 Boonesboro Road North Fort Myers, Florida 33917 |
| | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |

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

Donald Metrione

Name

8280 Boonesboro Road

Florida street address (P.O. Box NOT acceptable)

Fort Myers

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

| "MGRM" = Managing Member | |
|--|---|
| MGR | Donald Metrione |
| | 8280 Boonesboro Road |
| | North Fort Myers Florida 33917 |
| MGRM | Andrew Metrione |
| | 3001 71st Street West |
| | Lehigh, Florida 33971 |
| | TALL |
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| | Eng |
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| (Use attachment if necessary) | 2 |
| | d L. CCI |
| | n the date of filing: (OPTION |
| *4' | ust de specific and cannot de more than dive husidess d |
| fective date is listed, the date modays after the date of filing.) | ast be specific and cannot be more than nive business a |

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.)

Donald Metrione

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)