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| (Re                       | questor's Name)   |             |  |
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| PICK-UP                   | ☐ WAIT            | MAIL        |  |
| (Bus                      | siness Entity Nar | me)         |  |
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| Special Instructions to I | Filing Officer:   |             |  |
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Office Use Only



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EFFECTIVE DATE 061612

B. BOSTICK JUN 1 9 2012 **EXAMINER** 

# **COVER LETTER**

| TO: Registratio<br>Division of | n Section<br>Corporations   |   |   |  |                  |                 |      |
|--------------------------------|---|---|---|--|------------------|-----------------|------|
| <sub>SUBJECT:</sub> Meti       | s Commercial Serv   | vices, LLC.   |   |  |                  |                 |      |
| 50302011                       | Name of Limite  | ed Liability Compa                                  | ny  |  | <del></del>      |                 |      |
| The enclosed Article           | s of Organization and fee(s) are:   | submitted for filing                                |   |  |                  |                 |      |
| Please return all corr         | espondence concerning this matt   | er to the following:                                | :   |  |                  |                 |      |
| Adrian                         | Nagy  |   |   |  |                  |                 |      |
|                                |   | Name of Person                                      |   |  |                  |                 |      |
| Metis C                        | ommercial Service   | s, LLC.   |   |  |                  |                 |      |
|                                |   | Firm/Company  |   |  |                  |                 |      |
| 15419 I                        | Plantation Oaks Driv  | /e 14   |   |  |                  |                 |      |
| <del></del>                    |   | Address   |   |  |                  |                 |      |
| Tampa, f                       | FL 33647  |   |   |  |                  | _               |      |
|                                | Cit   | y/State and Zip Code                                |   |  |                  |                 |      |
| anagy.mo                       | s@gmail.com   |   |   |  | PS.              | <u>ਨ</u>        |      |
|                                | E-mail address: (to be used to  | for future annual repo                              | rt notification)  |  | CKE<br>A         | ١               | -1   |
| For further informati          | on concerning this matter, please   | e call:   |   |  | ASS.             | <del></del>     | ļ    |
| Adrian Nagy                    |   | at ( 813  | 3626288   |  | 333<br>(A Ob.    | JUN 18 PM 4: 09 | てアロン |
| Na                             | me of Person  | Area Code   | & Daytime Tele  | phone Number   | -E0              | ŧ:              | C    |
| Enclosed is a check            | k for the following amount:   |   |   |  | ATE A            | 60              |      |
| \$125.00 Filing Fee            | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filin<br>Certified Cop<br>(additional copy | рy  | \$160.00 Fil<br>Certificate of<br>Certified Co<br>(additional co | of Status<br>opy | &               |      |
|                                | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrati<br>Division<br>Clifton B<br>2661 Exe     | ourier Address<br>on Section<br>of Corporation<br>uilding<br>coutive Center Gee, FL 32301 |  |                  |                 |      |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company   | is:                                   |                        |
|---|---------------------------------------|------------------------|
| Metis Commercial Services,  | LLC.                                  |                        |
| (Must end with the words "Limited Lie   | ability Company, "L.L.C.," or "LLC.") |                        |
| ARTICLE II - Address: The mailing address and street address of the   | principal office of the Limited Lie   | ability 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, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) |                                       |                        |
| The name and the Florida street address of the  | ne registered agent are:              | <del></del>            |
| Adrian Nagy   |                                       | 12,<br>SEC             |
| Na  | me                                    |                        |
| 15419 Plantatio   | on Oaks Drive 14                      | 12 JUN 18<br>SECKEJAR) |
| Florida street  | address (P.O. Box NOT acceptable)     | mo o                   |
| Tampa   | <sub>FL</sub> FL                      |                        |

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..

City, State, and Zip

Reg stered a gent's Signature (REQURED)

(CONTINUED)

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

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

|       | Title: "MGR" = Manager                     | Name and Address:  |                    |
|-------|--|--|--------------------|
|       | "MGRM" = Managing Member  MGR  APPLAN MACY | 15419 Plantation Oaks Drive #14<br>Tampa, FL 33647   |                    |
| . 1   | ADRIAN NA <u>GY</u>                        |  | · .                |
| ·     |  | AR AR  | 7 TI               |
|       |  | SSE OF   | B PH               |
|       |  | GAILE<br>A DAILE   | f: 10              |
|       | (Use attachment if necessary)              |  | •                  |
| If an | CLE V: Effective date, if other than       | the date of filing: 6/16/2012 . (OPTIO<br>at be specific and cannot be more than five business | NAL)<br>days prior |
|       | REQUIRED SIGNATURE:                        | MAMA -   |                    |

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this accument 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)