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## COVER LETTER

TO:	Registration Section Division of Corporations	en e
CUDIE	CT: METRONRG, LLC.	
SUBJE		ted Liability Company
	closed Articles of Organization and fee(s) are	_
Please r	return all correspondence concerning this mat	ter to the following:
	Dave Hubbard II	
-		Name of Person
	METRONRG, LLC.	
-		Firm/Company
	4652 Lake in the Woods	Dr.
-		Address
c	Springhill, Florida, 34607	
ر		ry/State and Zip Code
<u>!</u>	Megadvisor@gmail.com	
		for future annual report notification)
For furt	her information concerning this matter, pleas	e call:
Dave	Hubbard II	at ( 352 ) 340-8608
	Name of Person	Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 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 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
METRONRG, LLC.  (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4652 Lake in the Woods Dr. SpringHill, Fl. 34607	4652 Lake in the Woods Dr. SpringHill, Fl. 34607
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg	ed Agent. You must designate an individual or another
Dave Hubbard II	Asserted agent are.
Name	1 25 HAS
4652 Lake in the	Woods Dr.  SINCE PLONE  WOODS Dr.  SINCE PLONE  SINCE PLO
Florida street addres	ss (P.O. Box NOT acceptable)
	FL 34607 공급 25
City, State,	, and Zip
liability company at the place designated in this	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and ared agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Dave Hubbard II 4652 Lake in the Woods Dr. SpringHill, Fl. 34607
<del>-                                    </del>	
(Use attachment if necessary)	
effective date is listed, the date must be	e date of filing: 10-22-2012 . (OPTIONA e specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business day
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	e specific and cannot be more than five business day
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a me	e date of filing: 10-22-2012 (OPTIONAl se specific and cannot be more than five business day er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are the mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a me	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein arctime mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein arctime mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
effective date is listed, the date must be do days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a	er or an authorized representative of a member.  3.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

• ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: