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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CCT: The Metis Group, LLC  Name of Li	mited Liability Company	
The end	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please 1	return all correspondence concerning this n	natter to the following:	
	Abigail Souders		
		Name of Person	
		Firm/Company	
	223 E. Virginia St		
		Address	
	Tallahassee, FL 32301		
afs	s80@aol.com	City/State and Zip Code	
		ed for future annual report notification)	
For furt	her information concerning this matter, ple	rase call:	
Abigail		407 ) 754-6400	
	Name of Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:		ገ ግ
☑ \$125.00	O Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	) ၁ ရု
	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 Tallahassee, FL 32301	<b>~</b>

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Metis Group, LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
223 E. Virginia St.	223 E. Virginia St.
Tallahassee, FL 32301	Tallahassee, FL 32301
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate an individual or
The name and the Florida street address of the regis	stered agent are:
Abigail Souders	
1	Name
223 E Virginia St.	
Florida street address (P.C	). Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the provisof my duties, and I am familiar with and accept to	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

5 FEB 20 PH 12: 24



"AMBR" = Authorized Member "MGR" = Manager  MGR  Abigail Souders  223 E. Virginia St.  Tallahassee, FL 32301  (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing:  a reflective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days date of filing.)  FICLE VI: Other provisions, if any.	Title:	Name and Address:
Abigail Souders  223 E. Virginia St.  Tallahassee, FL 32301  (Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: 2/19/2015 (OPTIONAL)  neffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days date of filing.)  FICLE VI: Other provisions, if any.		
(Use attachment if necessary)  FICLE V: Effective date, if other than the date of filing: 2/19/2015 (OPTIONAL)  n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days late of filing.)  FICLE VI: Other provisions, if any.	"MGR" = Manager MGR	Abigail Souders
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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.)

Abigail Souders

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)

ARTICLE IV-

