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(R	Requestor's Name)	
Α)	(ddress)	
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(0	City/State/Zip/Phone	e #)
PICK-UP		MAIL MAIL
(B	Business Entity Nar	ne)
(C	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

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T. SCOTT



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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 730500 4311863 AUTHORIZATION : COST LIMIT : (\$\frac{1}{25.00}\] ORDER DATE: July 31, 2015 ORDER TIME : 11:46 AM ORDER NO. : 730500-005 CUSTOMER NO: 4311863 DOMESTIC FILING NAME: METRO COMMERCIAL DEVELOPMENT GROUP LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION __CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

COVER LETTER

	Metro Commercial Development Group LLC
SUBJECT:	
	Name of Limited Maonity Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Sheldon Bender
	Name of Person
	Blank Rome LLP
	Firm/Company
	One Logan Square, Third Floor
	Address
	Philadelphia, PA 19103-6998
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Sheldon Bender 215 569-5406
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Metro Commercial Deve			
(Must end with	the words "Limited Li	ability Compan	y, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street addre	ess of the principal offic	e of the Limited	d Liability Company is:
<u>Principal C</u>	Office Address:		Mailing Address:
1261 Gordon River Trail	1	126	il Gordon River Trail
Naples, FL 34105		Nar	oles, FL 34105
TCLE III - Registered Agent,	inot serve as its own Re	Registered Age	nt's Signature:
TCLE III - Registered Agent, Limited Liability Company can	nnot serve as its own Reve Florida registration.)	Registered Age	nt's Signature:
CICLE III - Registered Agent, Limited Liability Company car her business entity with an activ mame and the Florida street add	nnot serve as its own Reve Florida registration.)	Registered Age	
CICLE III - Registered Agent, Limited Liability Company car her business entity with an activ mame and the Florida street add	nnot serve as its own Reve Florida registration.) ress of the registered ag	Registered Age	nt's Signature:
TICLE III - Registered Agent, Limited Liability Company car her business entity with an activ name and the Florida street add	nnot serve as its own Reve Florida registration.) ress of the registered ag	Registered Age gistered Agent. ent are:	nt's Signature:
CICLE III - Registered Agent, Limited Liability Company car her business entity with an activ name and the Florida street add	nnot serve as its own Reve Florida registration.) ress of the registered ag Daniel J. Hughes	Registered Age gistered Agent. ent are:	nt's Signature: You must designate an individual o
TICLE III - Registered Agent, Limited Liability Company car her business entity with an activ name and the Florida street add	nnot serve as its own Reve Florida registration.) ress of the registered ag Daniel J. Hughes N 1261 Gordon River Trai	Registered Age gistered Agent. ent are:	nt's Signature: You must designate an individual o

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Me "MGR" = Manager	Name and Address:
AMBR	Daniel J. Hughes
7111211	1261 Gordon River Trail
	Naples, FL 34105
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EV: Effective date, if other ective date is listed, the date	than the date of filing: Upon filing
ective date is listed, the dat of filing.) the date inserted in this blo ment's effective date on the	than the date of filing: Upon filing (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
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E V: Effective date, if other ective date is listed, the dat filling.) the date inserted in this bloment's effective date on the E VI: Other provisions, if ar REQUIRED SIGNATUR Signa This document is a management of the service of	than the date of filing: Upon filing (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. y. E: Lucion June ture of a member or an authorized representative of a member. tent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.

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