

LL5000131113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 14 2015

W15-49139

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2015

JOHN GILLION  
189 S.ORANGE AVE., SUITE 870  
ORLANDO, FL 32801

SUBJECT: METRICVEST CAPITAL, LLC  
Ref. Number: W15000049139

We have received your document for METRICVEST CAPITAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

The attached check is not needed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

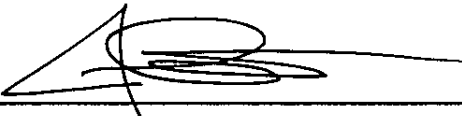
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 115A00015373

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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 Signature: John Gillion

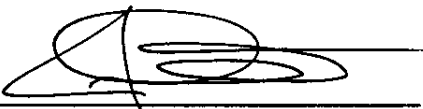
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**ARTICLE IV**  
**Management**

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name &amp; Address</u>
AMBR	John Gillion 189 South Orange Ave Suite 870 Orlando, Fl 32801

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization.

  
Signature of Authorized Member

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

JOHN GILLION  
Printed Name of Signee