

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000018790 3)))



H160000187803ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From :

Account Name : STEPHEN S. MATHISON, P.A.
Account Number : I20040000071
Phone : (561) 624-2001
Fax Number : (561) 624-0036

16 JAN 28 PH12:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

FLORIDA LIMITED LIABILITY CO.
METIS ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

10
00
11
12
00
00
11
00

01/28/2016 11:16
850-617-6381

5616240036

STEPHEN S MATHISON
1/25/2016 3:04:07 PM PAGE 1/001

PAGE 02/04
Fax Server



January 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

STEPHEN S. MATHISON, P.A.

SUBJECT: METIS ADVISCRS, LLC
REF: W16000005023

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H16000018790
Letter Number: 216A00001579

P.O BOX 6327 - Tallahassee, Florida 32314

FILE

16 JAN 28 PM 12:50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE FLORIDAMetis Real Estate Group, 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 principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:814 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442814 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GREG PROCTOR

Name

814 S. MILITARY TRAILFlorida street address (P.O. Box **NOT** acceptable)DEERFIELD BEACH FL 33442

City

State

Zip

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)

GREG PROCTOR

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

CHARLES W. DESANTI, AMBR

Name and Address:

1915 SW WABEEK PLACE
PALM CITY, FL 34990

GREG PROCTOR, AMBR

814 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The Company shall be managed by its authorized members, in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of this Company. The Operating Agreement may contain any provisions for the regulation of the affairs of the Company not inconsistent with law or these Articles.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a 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.

CHARLES W. DESANTI

Typed or printed name of signee

16 JAN 28 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA