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Florida Department of State

Division of Corporations

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**FLORIDA LIMITED LIABILITY CO.
METRONOMIC OPPORTUNITY ZONE FUND, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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March 22, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: METRONOMIC OPPORTUNITY ZONE FUND, LLC
REF: W19000028138

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 document is illegible and not acceptable for imaging.

The registered agent information is illegible to read.

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

Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000095362
Letter Number: 019A00005686

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METRONOMIC OPPORTUNITY ZONE FUND, LLC

(Must contain 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:717 PONCE DE LEON BLVDSAMESTE: 324CORAL GABLES, FL 33134

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:

METRONOMIC INC

Name

717 PONCE DE LEON BLVD STE: 324Florida street address (P.O. Box NOT acceptable)CORAL GABLESFL33134

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)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

KELLY BEAM

717 PONCE DE LEON BLVD STE. 334

CORAL GABLES, FL 33134

(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.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0803 (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.

KELLY BEAM

Typed or printed name of signer

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TALLAHASSEE, FLORIDA