

## Elorida Department of State

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Division of Corporations

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## FLORIDA LIMITED LIABILITY CO. METRONOMIC CONSULTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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O O'KEEFE OCT 1: 2019



October 23, 2019

## FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: METRONOMIC CONSULTING, LLC

REF: W19000093882

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

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Keyna E Page Regulatory Specialist II

FAX Aud. #: E19000312503 Letter Number: 719A00021327

19 0CT 22 AH 4: 15

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is.	
METRONOMIC CONSULTING, LLC	
(Must contain the words "Limited Liab	ifity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is
The maning addition and in the interpretation	
Principal Office Address:	Mailing Address:
THE THE TAXABLE PARTY OF TAXABLE PARTY O	
717 PONCE DE LEON BLVD	
# 324	SAME
CORAL GABLES, FL 33134	
A DEPLOY DE LETT. TO COME A RECORD DE LA COME A COME A PORTE DE LA COME A COME	Contraction of America's Street, and
ARTICLE III - Registered Agent, Registered Office, & R	
(The Limited Liability Company cannot serve as its own Reg	ustered Agent. You must designate an individual or
another business entity with an active Florida (egistration.)	
The name and the Florid's street address of the registered age	ent ages

 METRONOMICINC,

 Name
 717 PONCE DE LEON BLVD ≠ 324

 Florida street address (P.O. Box <u>NOT</u> acceptable)

 CORAL GABLES
 FL
 33134

 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. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my daties, 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)

19 OCT 22 AM 4: 15 SECOLIZARI OF DIA IL FALLAHASSEF FLORIDA

 IJ'n,	ıc	I I	IV-

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company.

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	1771 137 50 333
MGR	KELLY BEAM 717 PONCE DE LEON BLVD = 324
	CORAL GABLES, FL 33134
	CORAL GABLES, FL 35134
(Use attachment if necessary)	
(Oct attachment to never, our y	
FICLE V: Effective date, if other than the date of filing	· approxala
document's effective date on the Department of State'  ICLE VI: Other provisions, if any.	steeras.
REQUIRED SIGNATURE:	
/'V/V/ <del> </del>	
Signature of a member or an a	authorized representative of a member.
Signature of a metuber or an a (In accordance with section 605 0203 (1))	nuthorized representative of a member. (b), Florida Statutes, the execution of this document
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