

6/16/2021

LD1000292230

Division of Corporations

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.

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To:

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

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : 120190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

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

Email Address: psfb@comcast.net

FLORIDA LIMITED LIABILITY CO.
METRO PKWY LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

LSK 6/24/21

Electronic Filing Menu

Corporate Filing Menu

Help

(H210002368553)

2021 JUN 23 PM 12:04

2021 JUN 23 PM 12:04

(H210002368553)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: METRO PKWY, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS C VENETIS

Name of Person

METRO PKWY, LLC

Firm/Company

11000 METRO PKWY #19

Address

FORT MYERS, FL 33966

City/State and Zip Code

GULFINVEST13@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS C VENETIS at 239 980-3505

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METRO PKWY, 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:12771 METRO PKWY
FORT MYERS, FL 3396611000 METRO PKWY #19
FORT MYERS, FL 33966

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:

THOMAS C VENETIS

Name

11000 METRO PKWY #19Florida street address (P.O. Box ~~NOT~~ acceptable)FORT MYERS, FL 33966

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)

2021 JUN 23 PM 12:54
JUL 1 2021
JUL 1 2021

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

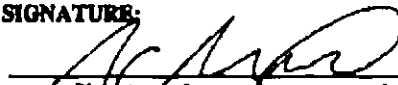
"MGR" = Manager

MGR**Name and Address**THOMAS C VENETIS11000 METRO PKWY #19FORT MYERS, FL 33966MGRJOANNE PATRAS-VENETIS11000 METRO PKWY #19FORT MYERS, FL 33966

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, 06/15/2021, (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 605.0203 (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.

THOMAS C VENETIS

Typed or printed name of signer

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2021 JUN 23 PM 12:54
CLERK OF THE COURT
CLERK OF THE COURT

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