## L21000 408075

(Re	questor's Name)	
(Ade	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
/But	siness Entity Nam	26)
(20.	siness Emily Hair	,
(1.00)	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





500372779985

89/15/21--01614--006 \*\*125.00



## COVER LETTER

	New Filing Sec Division of Cor			
•		Metropolitan Real	Properties, LLC	
SUBJEC	:T:	· .	·	
		Name of Lim	nited Liability Company	
The enclo	osed Articles of	Organization and fee(s) are	submitted for filing	
		•	_	
Piease rei		ondence concerning this ma	tter to the following:	
	LUIS E. FEI	RNANDEZ, ESQ.		
	<del></del> ,		Name of Person	
	SENTINEL	CORPORATE SERVICES	LLC	
			Fi/C	
	EDILLS IN	XIE HWY SUITE 220	Firm/Company	
	14411 15. 151,	AU2 11 W 1 30/11 17 220/		
			Address	
	MIAMI, FL	33176		
	<del></del>		ity/State and Zip Code	
	PARALEGAI	.@LEF-LAW.COM	nji bili bila nip bode	
	<u> </u>	:-mail address: (to be used	for future annual report notificat	ion)
For further	information co	ncerning this matter, please	call:	
	LUIS E. FER	NANDEZ, ESQ 30	239-9427	
		at (	)	
	Nam	e of Person A	rea Code Daytime Telephon	e Number
Canlaged	ام مام سال السام	6-Ui		
		ne following amount:		
<b>≘</b> S125.0	00 Filing Fec	☐\$130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy	□\$160.00 Filing Fee, Certificate of Status &
			(additional copy is enclosed)	Certified Copy
				(additional copy is enclosed)
	Mailin	g Address	Street Address	
		iling Section	New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
METROPOLITAN REAL PROPERTIES, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14411 S. DIXIE HWY	14411 S. DIXIE HWY
SUITE 220	SUITE 220
MIAMI, FL 33176	MIAMI, FL 33176
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registration.) another business entity with an active Florida registration.) The name and the Florida street address of the registered age	ent are:
SENTINEL CORPORATE	SERVICES LLC

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..

Name

Florida street address (P.O. Box NOT acceptable)

State

14411 S. DIXIE HWY SUITE 220

City

МІАМІ

Registered Agent's Signature (REQUIRED)

Zip

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	RODRIGO BLANCO
	14411 S. DIXIE HWY SUITE 220
	MIAMI, FL,33176
<del></del>	
If an effective date is listed, the date must be s he date of filing.)	te of filing:
ARTICLE VI: Other provisions, if any.	
	- 0
REQUIRED SIGNATURE:	Rho
This document is exect I am aware that any fals	nember of an authorized-representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
	RODRIGO HLANCO, MANAGER
	Typed or printed name of signee
	2)

as

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

S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)