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(Requestor's Name)
(Address)
• •
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special lastructions to Eiling Officer
Special Instructions to Filing Officer:

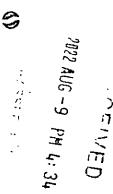
Office Use Only



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S. CHATHAM

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CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

	PIC	CK UP:	8/9 DANNY	
XX	CERTIFIED COPY PHOTOCOPY CUS			
XX	FILING	LLC		
_	META VEA LLC (CORPORATE NAME AND DOC	UMENT #)		
2.	(CORPORATE NAME AND DOCI	JMENT #)		
3	(CORPORATE NAME AND DOC	JMENT #)		
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6	(CORPORATE NAME AND DOCU	JMENT #)		84.
SPECIAL INSTRUC				

COVER LETTER

	New Filing Sec Division of Co					
SUBJEC	META VE	A LLC				
SOBJEC	••	Name of Lir	nited Liabi	lity Company		
The enclo	sed Articles of	Organization and fee(s) ar	e submitted	for filing.		
Please ret	urn all corresp	ondence concerning this ma	itter to the	following:		
	KISSELEV	A EKATERINA				
			Name o	f Person		
	EGK SOLU	TIONS LLC				
		-	Firm/Co	ompany		<u></u>
	7901 4th Str	eet North, 325				
			Add	ress	-	
	St Petersbur	g, FL 33702				
	info@egksoh		ity/State ar	nd Zip Code		
		E-mail address: (to be used	for future :	annual report notificati	ion)	
For further	information co	ncerning this matter, please	call:			
	Yuliia	72 at (2142848		
	Nam	e of Person A	rea Code	Daytime Telephon	e Number	
Enclosed i	is a check for t	he following amount:				
□\$125.00	0 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Fi Certificate o Certified Cop (additional cop	Status &
		g Address		Street Address	Latinta .	6,
		iling Section on of Corporations		New Filing Section Di The Centre of Tallaha		
	P.O. B	ox 6327		2415 N. Monroe Street		24
	Tallah	assee, FL 32314		Tallahassee, FL 3230.	3	5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RТ	'ICI	Æ	I -	Nam	e:
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The name of the Limited Liability Company is:

META VEA 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:

205 Dempsev Rd, lot 50, Palm Harbor, FL, 34683	205 Dempsey Rd, lot 50, Palm Harbor,
	FL. 34683

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:

EGK SOLUTIONS	LLC	
	Name	
7901 4th Street North	h, 325	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
St Petersburg	FL	33702
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..

/s/ Kisseleva Ekaterina

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authoriz	ed Member	Name and Address;
"MGR" = Manager AMBR		MATUYSHIN VITALY 205 Dempsev Rd, lot 50, Palm Harbor, FL, 34683
		200 Dempsey Rd. for 50. Fully Maroot, T.D. 54005
		
		
		
(Use attachment if no	ecessary)	
TICLE V: Effective date,	f other than the date	of filing: 08/09/2022 (OPTIONAL)
date of filing.)		ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed
document's effective date		
TICLE VI: Other provision	•	
REQUIRED SIGNA	ATURE:	
l:	s/ VITALY MATUYSH	AIN
I am	document is execut aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.

VITALY MATUYSHIN

Typed or n

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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