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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

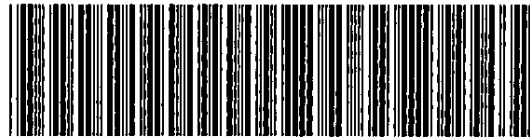
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 MAY 16 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2014

STACIE SMITH
5734 LAKESIDE OAK LN
BURKE, VA 22015

SUBJECT: METRO PARENT RELIEF LLC
Ref. Number: W14000029410

We have received your document for METRO PARENT RELIEF LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00009956

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Metro Parent Relief LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

STACIE SMITH
Name of Person

METRO PARENT RELIEF LLC
Firm/Company

5734 LAKESIDE OAK LN.
Address

BURKE, VA 22015
City/State and Zip Code

Stacie@metroparentrelief.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STACIE SMITH at (202) 520-5322
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. METRO PARENT RELIEF, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Virginia (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46-1555720 (FEI number, if applicable)

4. Not yet (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Metro Parent Relief LLC 5734 LAKESIDE OAK LN. (Street Address of Principal Office)

6. Burke, VA 22015 Same as above (Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Stacie Smith, CEO 5734 LAKESIDE OAK LN. Burke, VA 22015

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8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STACIE SMITH

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Metro Parent Relief LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

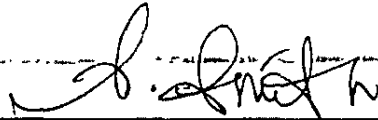
~~Metro Parent Relief, LLC~~ ²⁰ Stacie Smith
(Name)

6224 Raleigh St. #808

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Orlando, FL 32835
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, Florida Statutes.



(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 16 PM 12:40

FILED

Commonwealth of Virginia



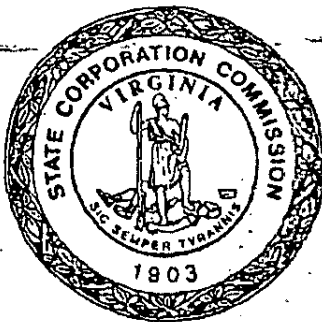
STATE CORPORATION COMMISSION

Richmond, December 12, 2012

This is to certify that the certificate of organization of _____

Metro Parent Relief, LLC

was this day issued and admitted to record in this office and that the said limited liability company is authorized to transact its business subject to all Virginia laws applicable to the company and its business. Effective date: December 12, 2012



State Corporation Commission

Attest:

Joel H. Peck
Clerk of the Commission

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAY 16 PM 12:09

FILED