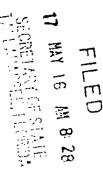
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TO:	Registration Section Division of Corporations					
SUBJ	Metric Investment	s LLC				
5013		lame of Limited Liabili	ty Company			
The er Existe	nclosed "Application by Foreign Limited Liabil nce, and check are submitted to register the abo	ity Company for Autho ove referenced foreign I	rization to Trans imited liability o	sact Business in Floricompany to transact b	da," Certificate usiness in Flori	of da
Please	return all correspondence concerning this mat	er to the following:				
	Gilbert E. Toll, E	Esq.				
		Name of Person				
	Attorney at Law	, P.C.				
		Firm/Company				
	60 W. Boot Roa	id, Suite 10	00			
		Address				
	West Chester, F	PA 19380				
		City/State and Zip C	ode		···	
	gtollpc@comcas	st.net				
	E-mail address: (to be used for future an	nual report notif	ication)		
For fi	urther information concerning this matter, pleas	e call:			- Si-C	
	Gilbert Toll	_{at (} 610	, 660	-6505	四五	FILED
	Name of Contact Person	Area C	Code Dayt	ime Telephone Numb	er jag 5	1
	MAILING ADDRESS: Division of Corporations			ADDRESS: f Corporations		_
	Registration Section		Registratio	on Section	· 1000 0	
	P.O. Box 6327 Tallahassee, FL 32314			oilding cutive Center Circle ce, FL 32301	ुन ८	Ď
Encl	osed is a check for the following amount: \$\B\$\$ \$125.00 Filing Fee	g Fee & 🔲 \$155.00	Filing Fee &	□ \$160.00 Filing Fe	ee, Certificate	
	Certificate of St	atus Certified C	Copy	of Status & Certifie	d 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:

(If name unavailable, enter alternate m	ame adopted for the purpose of	of transacting business in	Florida. The alten	nate name must include "Limited Linb	oility Company," "L.L.C," or "LLC.")			
_{2.} Delaware			3.					
(Jurisdiction under the law of wh	hich foreign limited lishility or	ompany is organized)	J	(FEI mimb	er, if applicable)	•		
4.								
	(Date first transacted b (See sections 605,0904	usiness in Florida, if prior & 605.0905, F.S. to dete	to registration) runue penalty lial	nitity)				
5. 50 E. Wynnewood,	50 E. Wynnewood, #652			0 E. Wynnewood, #65	2			
(Street Address of I			_	(Mailing Address)				
Wynnewood, PA 19	9096		<u>v</u>	Vynnewood, PA 19096				
7 N								
7. Name and street addres				ceptable)				
Name:	Registered Age	nt Solutions, Inc). 					
Office Address:	155 Office Plaza	a Drive, Suite A						
	Tallahassee							
	(City)		, Florida 32301 (Zip cod					
and accept the obligation	s of my position as i	ronictored enant			dutles, and I am familiar wi	4111		
	Detectes	egisterea agent.			•	un		
		(Registered ager	nt's signature)			un		
8. The page title or coppe	Detastrer	(Registered ager	-			ain		
8. The name, title or cap: Title or Capacity:	acity and address of	(Registered ager the person(s) who	has/have au	thority to manage is/are:		un		
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8. The name, title or caparity: Authorized Person	acity and address of Name an	(Registered ages the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:		FIL		
Title or Capacity:	acity and address of Name and	(Registered ager the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:	Name and Address	TILE.		
Title or Capacity:	acity and address of Name and Gilbert T	(Registered ager the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:	Name and Address	TI TI		
Title or Capacity:	acity and address of Name and Gilbert T	(Registered ager the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:	Name and Address	77		
Title or Capacity:	acity and address of Name and Gilbert T	(Registered ager the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:	Name and Address	77-17-10-		
Title or Capacity: Authorized Persor	acity and address of Name an Gilbert T 50 W. Bool Ros Wost Chester, F	(Registered ager the person(s) who ad Address: Oll, Esq.	has/have au	thority to manage is/are:	Name and Address	T		
Authorized Person (Use attachments if neces 9. Attached is a certificate	acity and address of Name an Gilbert T 50 W. Bool Rose Wost Chester, F	(Registered ager the person(s) who ad Address: Oll, Esq. ad, Sulte 100 A 18380 ore than 90 days of ized. (If the certifi	has/have au Titl	thority to manage is/are: e or Capacity: enticated by the official had oreign language, a translate	Name and Address	TI TI		

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "METRIC INVESTMENTS LLC" IS DULY FORMED

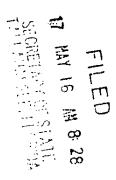
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTEENTH DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "METRIC INVESTMENTS LLC" WAS FORMED ON THE ELEVENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





6279614 8300 SR# 20173572037 Authentication: 202546774

Date: 05-16-17