

P160000034029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

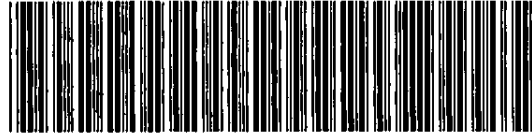
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/16--01005--012 **70.00

16 APR 12 PM 12: 09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

H. Gulligan APR 13 2016

COVER LETTER

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

SUBJECT: Metis Municipal Servicing, Inc
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 \$78.75
 Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
 Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Tadgh Macaulay
Name (Printed or typed)

152 Hampton Pl
Address

Jupiter, FL 33458
City, State & Zip

561-317-2277
Daytime Telephone number

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

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Metis Municipal Servicing, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1920 SW Crane Creek Ave
Palm City, FL 34990

Mailing address, if different is:
PO Box 7062
Jupiter, FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Municipal Tax lien purchasers

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tadgh Macaulay, President</u>	Name and Title:	<u>Brian Lynch, Secretary</u>
Address	<u>152 Hampton Pl</u> <u>Jupiter, FL 33458</u>	Address:	<u>1920 SW Crane Creek Ave</u> <u>Palm City, FL 34990</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Brian Lynch
 Address: 1920 SW Crane Creek Ave
 Palm City, FL 34990

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 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tadgh Maculay
 Address: 152 Hampton Pl
 Jupiter, FL 33458


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

4/6/16

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



 Required Signature/Incorporator

4/11/2016

 Date