Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000420300 3)))



H200004203003ABCL

To:		
•	Division of Con	porations
	Fax Number	: (850)617-6381
		, .
From:		
	Account Name	: ALLSTATE CORPORATE SERVICES CORP
	Account Number	: I20040000031
	Phone	: (800)906-9220
	Fax Number	: (800)906-9980

## FLORIDA PROFIT/NON PROFIT CORPORATION METRO HOLDINGS CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
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## **COVER LETTER**

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

METRO HOLDINGS CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFUX)

inclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED

PROM.	ALLSTATE CORPORATE SERVICES CORP.
PROM:	Name (Printed or typed)
	2215 HENDRICKSON STREET, SUITE 1
	Address
	BROOKLYN, NY 11234
	City, State & Zip
	800-906-9220
	Daytime Telephone number
	FILING@ACS123.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 II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
		231 174TH STREET, UNIT 21:	19
SUNNY ISLES BE	ACH, FL 33160		BEACH, FL 33160
ADTICLE III NUBBOSE	ration is organized is:		
Any and all lawful b	usiness		
ARTICLE IV SHARES The number of shares of stock is:	200		
ARTICLE V INITIAL OFF	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT		
	ICERS AND/OR <u>DIRECTORS</u>		
ARTICLE V INITIAL OFF Name and Title: 231	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT		
ARTICLE V INITIAL OFF Name and Title: 231	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119		
Name and Title: YAM Address SUN	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:	
Name and Title: YAN Address SUN Name and Title:	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:	2:23 U
Name and Title: YAN Address SUN Name and Title:	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:	2.1.23 UE c
Name and Title: YAN Address SUN Name and Title:	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:	2:23 U
Name and Title: YAN Address SUN Name and Title:	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:	2:123 U.S 19 Fill 11
Name and Title: YAN Address 231 / SUN Name and Title: Address	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:  Name and Titic:  Address:	2.23 UEC - 9 FG
Name and Title:  Name and Title:  Address  Name and Title:  Address  Name and Title:	ICERS AND/OR DIRECTORS NA LIPIS, PRESIDENT 174TH STREET, UNIT 2119 NY ISLES BEACH, FL 33160	Address:  Name and Title:  Name and Title:	2.23 UEC - 9 FG

Name and	Title:	Name and Title:	
Address		Address:	
ADTICLE VI L	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	YANA LIPIS	rso Ca	
Address:	231 174TH STREET, UNIT 2119	2#29 DEL .	
Addiess.	SUNNY ISLES BEACH, FL 33160		
		9	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:	: : : : : : : : : : : : : : : : : : :	
Name:	YANA LIPIS	· · · · · · · · · · · · · · · · · · ·	
Address:	231 174TH STREET, UNIT 2119		
7 2001000	SUNNY ISLES BEACH, FL 33160	- ) -	
70 C	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d	other than the date of thing.  Inte is listed, the date must be specific and cannot	ot be more than five days prior or 90 days after the	
Note: If the date the document's c	inserted in this block does not meet the applicable ffective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as	
Having been nam	ned as registered agent to accept service of process f familiar with and accept the appointment as register	for the above stated corporation at the place designated in this red agent and agree to act in this capacity	ţ
certificate, 1 gm	I had	12/2/2	
XU^	Required Signature/Registered Agent	Date Date	
Lauhadit this do.	cument and affirm that the facts stated herein are	e true. I am aware that the false information submitted in a	7
document to the	Department of State constitutes a third degree felor	ry as proviaea for in 3,817.155, 14.55	
V	um 1/012	12/7/20	
Required Signati	ure/incorporat/r	Date -	