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K. Brumbley

SLOT LAW GROUP, PLLC 77 Monroe Center NW, Suite 700 Grand Rapids, MI 49503

Ph: (616) 456-5457- Direct: (616) 288-0181- Fax: (616) 456-5434- clerk@slotlaw.com www.slotlaw.com

May 2, 2018

Via US Mail

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

Re: Articles of Organization filing for RankingInsight, LLC

Dear Sir or Madam.

Please find enclosed the articles of Organization for RankingInsight, LLC and a check for \$125.00. Please contact our office with any questions or concerns.

Very Truly Yours, SLOT LAW GROUP, PLLC

Sawyer T. Rozgowski

STR Enclosures

COVER LETTER

	RankingInsight, LLC		
SUBJECT	Name of Limited Liability Company		
The enclose	ed Articles of Organization and fee(s) are submitted for filing.		
Please retur	rn all correspondence concerning this matter to the following:		
	Phillip Slot		
	Name of Person		
	Slot Law Group		
	Firm/Company		
	77 Monroe Center NW, Suite 700		
	Address		
	Grand Rapids, MI 49503		
i	City/State and Zip Code pslot@slotlaw.com		
_	E-mail address: (to be used for future annual report notification)		
For further in	formation concerning this matter, please call:		
	Sawyer Rozgowski 616 4565457		
-	Name of Person Area Code Daytime Telephone Number		
Enclosed is	a check for the following amount:		
/ \$125.00 Fil	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)}		
	Mailing Address New Filing Section New Filing Section		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

RankingInsig	ht, LLC ust contain the words "Limited I	Jahilitu Company "I	1 C "os"H C")	
(Mt	ist contain the words. Cimiled t	Jaointy Company, 1	iting it of buc.)	
ARTICLE II - Address: The mailing address and	: street address of the principal of	ffice of the Limited L	iability Company is:	
<u>i</u>	Principal Office Address:		Mailing Address:	
18401 US Hv	vv 19 N	18401	US Hwy 19 N	
Clearwater, F	L 33764	Cleary	vater, FL 33764	_
				
				
(The Limited Liability Co	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registratio	Registered Agent, Yo	's Signature: ou must designate an individual	1
(The Limited Liability Co another business entity v	ompany cannot serve as its own	Registered Agent, Yon.)	's Signature: ou must designate an individual	1
(The Limited Liability Co another business entity v	ompany cannot serve as its own with an active Florida registratio	Registered Agent. Youn.) agent are:	's Signature: ou must designate an individual	1
(The Limited Liability Co another business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered	Registered Agent. Youn.) agent are:	's Signature: ou must designate an individual	ZOIB HAY -
(The Limited Liability Co another business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered	Registered Agent. Youn.) agent are: c. Name	's Signature: ou must designate an individual	2019 HAY -7
(The Limited Liability Co another business entity v	ompany cannot serve as its own with an active Florida registration a street address of the registered Registered Agents In	Registered Agent, Youn,) lagent are: c. Name Dr. STE 150A	ou must designate an individual	ZOIS HAY -7 AM
(The Limited Liability Co another business entity v	ompany cannot serve as its own with an active Florida registratio a street address of the registered Registered Agents In 3030 N. Rocky Point	Registered Agent, Youn,) lagent are: c. Name Dr. STE 150A	ou must designate an individual	2019 HAY -7

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..

Registered Agent's Signature (REQUIRED)

Bill Havre - Assitant Secretary

(CONTINUED)

	Title: "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:	
	AMBR		Bernard Grohsman	
			18401 US Hwy 19 N	
			Clearwater FL, 33764	
				
				
	(Use attachment if neces	•		
ARTIC	LEV: Effective date, if o	ther than the date of filing:	(OPTIONAL)	
(If an ef	Tective date is listed, the	date must be specific and	cannot be more than five business days prior to or 90 days afte	r
the date	of filing.)			
Note: 1	If the date inserted in this	block does not meet the a	applicable statutory filing requirements, this date will not be listed	as
		the Department of State's		
ARTIC	LE VI: Other provisions, i	fany.		
				
				
	DECHIDED SICNAT	une.	Λ	
	REOUIRED SIGNAT	URE:	//_	
		W_//		
		gnature of a mamber or	an authorized representative of a member.	
	This do	cument is executed in acc	cordance with section 605.0203 (1) (b), Florida Statutes.	
	l am aw	are that any false informa	tion submitted in a document to the Department of State	
	constitu	tes a third degree felony a	s provided for in s.817.155, F.S.	
	_	- ,		
	<u> </u>	Phillip B. Slot		
		I yped	or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)