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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EXECUTIVE INSIGHT TODAY LUC. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Seau HALTER (Name of Person)	
NIA	
(Firm/Company)	7
185 29th Avenue Poutly PR 5	_
m-<	ľ
ST. Dete, FL 33704 Fig. 33704	Ţ
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Sem 14 tree at (727) 692.3512 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXECUTIVE TOS: 66 (Must end with the words "Limited Liability)	HT TOMY LLC. Ty Company, "L.L.C.," or "LI.C.")	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
185 29th Ave N ST Petc, Fr 33704	185 29t Ave N ST Per 182 33704	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	ered Agent. You must designate an individual panother	
The name and the Florida street address of the registered agent are:		
Name		
185 29 De Florida street add	ress (P.O. Box NOT acceptable)	
ST. PETE	FL 33704	
City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	SEAN HALTER 185 242 Anne MOTH ST Pet 186 33704
	2009 MAR
V 	26 PM 1: 04 ASSEE, FLORIDA
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
SEAN	HALTEN
Ty	ped or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)