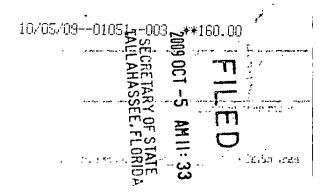
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(Requestor's Name)				
(Address)				
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PłCK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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M. THOMAS

OCT 6 2009

EXAMINER

COVER LETTER

	Corporations	anarty Dafarral Naturals 11 C			
SUBJECT:	UBJECT: Executive Property Referral Network, LLC Name of Limited Liability Company				
The enclosed Articles	of Organization and fee(s) are	re submitted for filing.			
Please return all corre	spondence concerning this ma	natter to the following:			
	Mic	chele M. Margetts			
		Name of Person			
	Executive F	Property Referral Network Firm/Company			
		Firm/Company			
	588	Firm/Company 84 NW 74th Street Address arkland, FL 33067			
		Address			
	Do	FIST F			
		arkland, FL 33067 City/State and Zip Code			
		cecutivePropertyAdvisors.net			
		d for future annual report notification)			
For further information	n concerning this matter, pleas	ase call:			
Michel	e M. Margetts	at (954) 815-6846			
Name	e of Person	Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status				
		(additional copy is enclosed) (additional copy is enclosed)			
	Mailing Address	Street/Courier Address			
	Registration Section Division of Corporations	•			
•	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
		VIIVIV			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lir	ne: mited Liability Compa	ny is:		
	ecutive Property at end with the words "Limite			2")
ARTICLE II - Add The mailing address		the principal	office of the Limi	ted Liability Company is:
Principal Office A	ddress:	<u>Mail</u>	ing Address:	
5884 NW 74th Str Parkland, Florida			NW 74th Street land, FL 33067	·
(The Limited Liability Conbusiness entity with an ac		n Registered Age	nt. You must designate a	an individual or another
The name and the F	lorida street address of	J	· ·	2009 OCT -5 SECRETARY TALLAHASSE
-	***************************************	e M. Marge Name	tts	9 OCT
-	· · · · · · · · · · · · · · · · · · ·	Michele M. Margetts Name 5884 NW 74th Street Florida street address (P.O. Box NOT acceptable)		
-	Parkland City, S	FL State, and Zip	33067	AMII: 33 SEE, FLORIDA
liability compan registered agent and statutes relating to	y at the place designated d agree to act in this ca	ed in this cert spacity. I furt ete performan s registered a	ificate, I hereby acc her agree to compl nce of my duties, an gent as provided fo	or the above stated limited cept the appointment as ly with the provisions of all and I am familiar with and or in Chapter 608, F.S.

(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>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORIM — Managing Member	
MGR	Michele M. Margetts
	5884 NW 74th Street
	Parkland, FL 33067
	. ~2
	PS 3
(11	
(Use attachment if necessary)	PS TAR
ARTICLE V: Effective date, if other than the da	
(If an effective date is listed, the date must be s	pecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	ORIE 33
REQUIRED SIGNATURE:	9
	MI Marche
Signature of a member of	or an authorized representative of a member.
	$\sqrt{\gamma}/I$
of this document constitu	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury
that the facts stated herein	,
	chele M. Margetts I or printed name of signee
Filing Fees:	or printed name or signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)