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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Executive Administration	ve Services, LLC
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	
Shelley Doolity	
	Name of Person
Executive Administrative S	Services, LLC
	Firm/Company
1 Rhododendron Ave	
	Address
Medfield, MA 02052	
Cit	ty/State and Zip Code
sdoolity@verizon.net	for future annual report notification)
For further information concerning this matter, pleas	
Shelley Doolity	at (508) 207-6593
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address Pagintarian Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Executive Administrative Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Addre	ss:	Mailing Address:
1 Rhododendron Ave		1 Rhododendron Ave
Medfield, MA 02052		Medfield, MA 02052
	cannot serve as its ow	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual or another
	a street address o	of the registered agent are: gh, E.A. Name
Jea		gh, E.A. Name
Jea	nmarie Sebau	gh, E.A. Name
<u>Jea</u>	nmarie Sebau	gh, E.A. Name rical Way

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 al 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	Name and Address:
"MGRM" = Managing Men	ıber
MGRM	Shelley Doolity
	1 Rhododendron Ave
	Medfield, MA 02052
MGRM	Mary Sue Richards
	1416 Park Summit Blvd
	Apex, NC 27523
**************************************	- Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-
(Use attachment if necessary	у)
U E V. Ceratina data if atha	on them the date of films:
LE v: Enective date, if other	er than the date of filing: (OPTIONAte must be specific and cannot be more than five business day
days after the date of filing	te must be specific and cannot be more than five business day
days after the date of ming	Ŋ
REQUIRED SIGNATURE	E:
She	eller Toolis

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Shelley Doolity

Typed 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)