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SECRETARY OF STAFE ALLAHASSEE FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Commercial Real Estate Ratings	LLC	
		of Limited Liab	ility Company
The en	nclosed Articles of Organization and fee	(s) are submitte	d for filing.
Please	return all correspondence concerning the	is matter to the	following:
	Ed Hibshman		
		Name o	f Person
	Commercial Real Estate Ratings I	LC	
		Firm/C	ompany
	2665 South Bayshore Drive Ste 2	20	
		Ado	iress
	Miami, FL 33133		
	171 0100 7	City/State a	nd Zip Code
	hibby010@gmail.com	used for future	annual report notification)
- 1	·		amiliai report nouneanos)
For furth	her information concerning this matter, p	olease call:	
	Ed Hibshman	305 at (8941744
	Name of Person	Area Code	Daytime Telephone Number
Enclos	sed is a check for the following amount:		
	00 Filing Fee \$130.00 Filing Fee Certificate of Statu	s ——Certi	00 Filing Fee & \$160.00 Filing Fee, Greatificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address New Filing Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 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:			FILED
rae hanc of the chinted Liability	Сопрану із.			16 JUN 17 PH 2: 46
Commercial Bool Estat	n Detinos II C			2: 46
Commercial Real Estat		Liability Cor	npany, "L.L.C.," or "LLC.")	SECRETARY OF STATE TALLAHASSEE FLORIDA
(===================================			,,	HALLMANSSEE FLORIDA
ARTICLE II - Address: The mailing address and street add	lress of the principal of	fice of the Li	mited Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Addr	<u>ess</u> :
2665 South Bayshore I Miami, FL 33133	Orive Ste 220		2665 South Bayshore Drive S Miami, FL 33133	Ste 220
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac The name and the Florida street ac	annot serve as its own l tive Florida registration	Registered A		ividual or
	Ed Hibshman			
		Name		
	2665 South Bayshore	Drive Ste 22	20	
	Florida street address	(P.O. Box N	OT acceptable)	
	Miami, FL 33133			
	City	State	Zip	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro- am familiar with and accept the oblig	hereby accept the appo visions of all statutegre gations of my position	intment as re ating to the p	gistered agent and agree to act i proper and complete performanc	n this capacity. I e of my duties, and l
		(CONTINU	JED)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 JUN 17 PM 2:4
"MGR" = Manager		2000 m
MGR	Ed Hibshman	SECRETARY OF STAT
		ve Ste 220 HASSEE FLORIE
	Miami, FL 33133	
		· <u>-</u>
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:		
LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the a	d cannot be more than five applicable statutory filing re	business days prior to or 90 da
(Use attachment if necessary) LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the aument's effective date on the Department of State's LEVI: Other provisions, if any.	d cannot be more than five applicable statutory filing re	business days prior to or 90 da
LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the aument's effective date on the Department of State's	d cannot be more than five applicable statutory filing re	business days prior to or 90 da
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LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the aliment's effective date on the Department of State's LEVI: Other provisions, if any. REQUIRED SIGNATURE:	d cannot be more than five applicable statutory filing restricted.	business days prior to or 90 da
LEV: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the ament's effective date on the Department of State's LEVI: Other provisions, if any.	an authorized representation submitted in a document	tive of a member. 203 (1) (b), Florida Statutes. at to the Department of State
LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the a ment's effective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or This document is executed in acc I am aware that any false informa	an authorized representation submitted in a document	tive of a member. 203 (1) (b), Florida Statutes. at to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)