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SLONG AND SIGNAL OF SIGNAL FALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Executive Ratings, LLC 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:
Bennett Stein
Name of Person
Firm/Company 710 N Galsden St # 10
Address
Tallahaske FL BOBBONS BOURN 32303 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bennett Stein at (850) 292-6095
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \times \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
(Must end with the words Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office office of the pri	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
710 North Ludsden St. #10	PO BON 14092 Tullabusce FL
710 North Andrew St, #10 Tallahossze, Fr 32307	Tullubusser, FL 32317
RTICLE III - Registered Agent, Registered Office, & Regist The Limited Liability Company cannot serve as its own Register nother business entity with an active Florida registration.)	tered Agent's Signature:
he name and the Florida street address of the registered agent a	·e:
Banett Stein Name	
710 N and solan	St # 10

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..

City

Florida street address (P.O. Box NOT acceptable)

State

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager Ang R	Bennett Stein	
	710 N hand solan St #10	
	Tallahussee, PL 32303	
A 2 O		
AMBR	Sedd Abyaray	
		
	Tallahassee, Fr 32308	
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ARTICLE IV-

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