L00000014106

Car Quotes Online, LLC

13575 58th Street North Suite #188, Clearwater, FL 33760 Tel.: 727.538.4183, Fax:

November 7, 2000

Registration Section Division of Cor Post Office Box 6327 Clearwater, FL. 33760

3000**034**59213-----11/09/00--01089--011 ****125.00 ****125.00

Dear Sir or Madame,

Subject: LLC Filing

In accordance with the formation of a Florida Limited Liability Company, I am providing you with the required information. My name is William Vanatt and my work address is 13575 58th Street North. Suite 188. Clearwater, FL 33760. My daytime phone number is 727.538.4183. should you need to contact me. I am enclosing a check for \$125.00 to cover the cost of the filing fees and the designation of a Registered Agent. I would like to thank you in advance for your attention regarding this matter.

Sincerely

William Vanatt

SECRETARY OF STATE

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-ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CAR Quotes Online, LLC

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

ARTICLE I - Name:

ARTICLE II - Address:

13575 58th Street North. Suite 188

Clearwater, FL 33760)			
ARTICLE III - Registered Age	ent, Registered Office, & Registered Agent's Signa	ture:		
The name and the Florida street a	address of the registered agent are:			
<u>Wi</u>	lliam VANATT			
FI	Name 575 58th Street North, Suite 188 lorida street address (P.O. Box NOT acceptable) ENRUATER FL 33760 City, State, and Zip	-		
liability company at the place de registered agent and agree to ac statutes relating to the proper an	ed agent and to accept service of process for the above a esignated in this certificate, I hereby accept the appoint et in this capacity. I further agree to comply with the pr and complete performance of my duties, and I am familia ition as registered agent as provided for in Chapter 60	tment as rovision ar with c	s of ali	į
therefore, a manager - managed	pany is to be managed by one manager or more mana	Y OF STATI EE, FLORIC	00 NOV .e. 9 PN 9: 59	7770
(In accordar of this document that the facts of the facts	Ta member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.) Typed or printed name of signee Filing Fees: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)			