

W00000014411

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- YOU-RATE.COM, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
NOV 21 PM 3:13  
TALLAHASSEE, FLORIDA

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

#### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

500003473605--3  
-11/22/00--01001--003  
\*\*\*\*160.00 \*\*\*\*160.00

#### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

#### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

11/22/00

00 NOV 21 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## ARTICLES OF ORGANIZATION

OF

**YOU-RATE.COM, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby, makes, acknowledges, and files the following Articles of Organization.

### ARTICLE I--NAME

The name of the limited liability company shall be **YOU-RATE.COM, LLC** ("Company").

### ARTICLE II--ADDRESS

The mailing address and the street address of the principal office of the Company is: 607 Northlake Blvd., North Palm Beach, FL 33408.

### ARTICLE III--REGISTERED AGENT

The name and street address of the registered agent of the Company for services of process in the state is: Emanuel G. Chiuchiolo, 607 Northlake Blvd., North Palm Beach, FL 33408.

### ARTICLE IV--MANAGEMENT

The Company shall be managed by a manager in accordance with the operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The name and address of the initial manager(s) are: Emanuel G. Chiuchiolo, 607 Northlake Blvd., North Palm Beach, FL 33408.

### ARTICLE V--MEMBERSHIP RESTRICTIONS

Members shall have the right to admit new members by unanimous consent. Contributions required of new members shall be determined as of the time of admission to the Company.

A member's interest in the Company may not be sold or otherwise transferred except with unanimous written consent of all members.

Executed by the undersigned at Palm Beach Gardens, Florida on the 14<sup>th</sup> day of November, 2000.

  
EMANUEL G. CHIUCHIOLO

APPROVED  
AND  
FILED  
00 NOV 21 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE**

**STATE OF FLORIDA**

**✓ COUNTY OF PALM BEACH**

Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, YOU-RATE.COM, LLC. submits the following statement to designate its registered office and registered agent in the State of Florida:

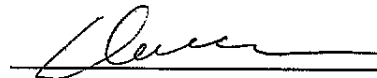
1. The name of limited liability company is **YOU-RATE.COM, LLC.**
2. The registered agent for **YOU-RATE.COM, LLC** is Emanuel G. Chiuchiolo and the street address of the registered office where the agent is located is 607 Northlake Blvd., North Palm Beach, FL 33408.
2. This statement is to acknowledge that **YOU-RATE.COM, LLC** has appointed me as its registered agent to accept service of process for the limited liability company at the place designated above in this certificate. I accept this 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.

**FURTHER AFFIANT SAYETH NAUGHT.**

  
**EMANUEL G. CHIUCHIOLO**

EMANUEL G. CHIUCHIOLO

Sworn to and subscribed before me this 14<sup>th</sup> day of NOVEMBER, 2000 by who is personally known to me or produced \_\_\_\_\_ as identification and did take an oath.



Signature

Print name

Notary Public  
State of Florida at Large  
My commission expires:

R:\Chiuchiolo\Art of Organ2.wpd



David E. Horvath  
MY COMMISSION # CC812822 EXPIRES  
April 23, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

00 NOV 21 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED