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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

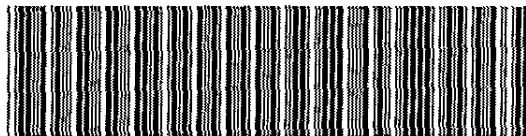
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
07 FEB 15 PM 1:09

W07-3619

Let me

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Bankers Choice . com "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:

Gerard Dickert Schainuck

(Name of Person)

Your Bankers Choice.com "LLC"

(Firm/Company)

960 Northwest 121 avenue

(Address)

Coral springs, Florida, 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerard D. Schainuck

(Name of Person)

at (954) 344-8961

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2007

GERARD DICKERT SCHAINUCK
YOUR BANKERS CHOICE .COM "LLC"
960 NW 121 AVE.
CORAL SPRINGS, FL 33071

SUBJECT: YOUR BANKERS CHOICE .COM "LLC"
Ref. Number: W07000003619

We have received your document for YOUR BANKERS CHOICE .COM "LLC" and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Regulation, resubmit the document and the approval letter to the Division of Corporations for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 007A00005354

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LAURA A. MARTINELLI
ERIC M. KNOPP

954.755.9880
FAX: 954.755.9899
www.jzwlawfirm.com

FACSIMILE TRANSMITTAL

DATE: February 15, 2007 (11:02am)
TO: Brenda Tadlock FAX: 850-245-6030
FROM: Colette K. Kull
Legal Assistant
ckull@jzwlawfirm.com
RE: YOUR BANKERS CHOICE.COM "LLC"
TOTAL PAGES INCLUDING THIS PAGE: 6

ATTACHED PLEASE FIND THE FOLLOWING:

1. Copy of your letter dated January 23, 2007 stating deficiencies;
2. Approval letter from the Office of Financial Regulation;
3. Copy of the Articles of Organization.

I have as well placed these documents in the mail to you as requested by your office. If you need anything additional, please call me.

IF YOU DO NOT RECEIVE LEGIBLE COPIES OF ALL PAGES, PLEASE CALL US AT 954.755.9880.

THIS FACSIMILE TRANSMISSION CONTAINS CONFIDENTIAL AND/OR LEGALLY PRIVILEGED INFORMATION FROM THE LAW FIRM OF JOHNSON, ZIPPAY & WALTERS P.A., INTENDED ONLY FOR THE USE OF THE INDIVIDUAL(S) NAMED ON THIS TRANSMITTAL SHEET. IF THE READER OF THIS FACSIMILE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, OR THE TAKING OF ANY ACTION RELYING ON THE CONTENTS OF THIS FACSIMILE TRANSMISSION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US BY TELEPHONING IMMEDIATELY SO THAT WE CAN ARRANGE FOR THE RETURN OF THE DOCUMENTS TO US AT NO COST TO YOU. THANK YOU.



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
COMMISSIONER

FINANCIAL SERVICES
COMMISSION

CHARLIE CRIST
GOVERNOR

BILL MCCOLLUM
ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

February 6, 2007

Mr. Gerard D. Schainuck
960 N.W. 121 Avenue
Coral Springs, Florida 33071

Dear Mr. Schainuck:

Re: Your Bankers Choice.Com, LLC

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Use of the name "Your Bankers Choice.Com, LLC" cannot be changed without prior approval from this Office.

Sincerely,

Linda B. Charity
Director

LBC:ker

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YOUR BOUTERS CHOICE .com "LLC"

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

960 N.W. 121 Avenue
Coral Springs, FL.
33071

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Mara Schainuck
Name

960 NW 121 Avenue
Florida street address (P.O. Box NOT acceptable)
Coral Springs FL 33071
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 15 PM 1:09

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 608, F.S.

[Signature]
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR.

Name and Address:

GERARD DICKERT SCHAINUCH MGR
960 N. W. 1st Ave.
Coral Springs, Fla. 33071

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Gerard Dickert Schainuch

Signature of a member or an authorized representative of a member.

(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.)

GERARD DICKERT SCHAINUCH

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)