LD8000010604

(Requestor	's Name)
(Address)	
(Address)	
(City/State/	/Zip/Phone #)
, ,	,
PICK-UP	WAIT MAIL
(Business Entity Name)	
(Document	: Number)
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OB JAN 29 PM L: 19
SECRETARY OF STATE
ALLAHASSEE, FI ORIO

D. BRUCE
JAN 2 9 2008

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: YOUABO	OUTME.COM, L	LC			
SUBJECT;		ed Liability Company)			
		•	₹. •		
The enclosed Articles of Or	rganization and fee(s) are	submitted for filing.	•		
Please return all correspond	lence concerning this matt	er to the following:			
Edison T. Ki	ela				
		(Name of Person)			
YOUABOUT	TME.COM, LLC				
- Transit de la Colonia de		(Firm/Company)		,	
11 Beverly f	Rd. W.		TAL	80	
		(Address)	A R	ĄŲ	
Jupiter, FL.	33469		HASS	JAN 29	encasar Annota
	(Cit	y/State and Zip Code)	E OF	- P	
For further information con	cerning this matter, please	e call:	STATE FLORID	61 :† Nd	
Edison T. Kiela		at (561) 315-3434	4		
(Name of	Person)	(Area Code & Daytime Tele	phone Number)		
Enclosed is a check for the	he following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is c	atus &	
j	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE 2-108

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		,
The name of the Limited Liability Company	y is:	· 1
YOUABOUTME.COM, LLC		,
(Must end with the words "Limited !	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		,
	e principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	•
11 Beverly Rd, W.	11 Beverly Rd. W.	
Jupiter, FL. 33469	Jupiter, FL. 33469	
	ered Office, & Registered Agent's Signature Registered Agent. You must designate an individual or another	•
The name and the Florida street address of t	the registered agent are:	08 JAN 29
Edison T. Kiela	AS	: Z
N	ame SN	9 /
11 Beverly Rd. W		R
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
Jupiter, FL. 33469	P FL SM	19
City, St	ate, and Zip	

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.

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	•
MGRM	Mr. Edison T. Kiela (CEO)
	11 Beverly Rd. W.
	Jupiter, FL. 33469
MGRM	Mr. Mindaugas Junka (CTO)
	Architektu gtv. 168-24
	Vilnius, Lithuania LT 2000

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1 February, 2008. (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:

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.)

Edison T. Kiela

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)