

Division of Corporations

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# L13000088085

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H16000091662 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WINDERWEEDLE, HAINES, WARD & WOODMAN, P.A.  
Account Number : 076077002775  
Phone : (407) 246-8678  
Fax Number : (407) 423-7014

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DFRICKE @ WHWW.COM

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLASSACTION.COM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED  
2016 APR 13 AM 10:48  
TALLAHASSEE, FLORIDA

FILED  
2016 APR 13 P 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Dept. of State Electronic Filing  
Facsimile Audit No. H160000916623

**AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
FOR  
CLASSACTION.COM, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned authorized representative of ClassAction.com, LLC (the "Company") hereby executes and adopts the following Amended and Restated Articles of Organization pursuant to Chapter 605, Section 605.0202, Fla. Stat. under the Florida Revised Limited Liability Company Act and the Professional Service Corporation and Limited Liability Company Act, Chapter 621, Fla. Stat., which Amended and Restated Articles of Organization replace in their entirety the previously adopted Articles of Organization of Company filed with the Florida Secretary of State on June 18, 2013 and assigned document number L13000088085:

**"ARTICLE I  
NAME**

The name of the professional limited liability company is:

CLASSACTION.COM, PLLC

**ARTICLE II  
REGISTERED AGENT, REGISTERED OFFICE ADDRESS**

The street address and mailing address of the principal office is:

20 N. Orange Avenue  
Suite 1600  
Orlando, Florida 32801

The name and street address of the registered agent and registered office of this Company is:

WHWW, Inc.  
329 Park Avenue North  
Second Floor  
Winter Park, Florida 32789

**ARTICLE III  
PURPOSE**

The Company is organized for the specific purpose of the practice of law.

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**ARTICLE IV  
DURATION**

The Company's existence commenced on June 18, 2013 and it shall exist perpetually thereafter unless dissolved according to law or the Company's Operating Agreement.

**ARTICLE V  
MANAGEMENT**

The Company shall be managed by one or more managers of the Company as provided in the Company's Operating Agreement. The managers shall be John B. Morgan and Reuven Moskowitz, each of whom shall serve until replaced according to the provisions of the Company's Operating Agreement."

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization as of April 13, 2016 and directs that these Amended and Restated Articles of Organization be filed in accordance with Section 605.0202 Fla. Stat..

CLASSACTION.COM, LLC,  
a Florida limited liability company

By: J. P. Carolan III  
J. P. Carolan, III,  
Authorized Representative

**ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Amended and Restated Articles of Organization, 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 in Chapter 605, Fla. Stat.

WHWW, INC., a Florida corporation

By: J. P. Carolan III  
J. P. Carolan, III, President

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*2<sup>ND</sup> Request 10F3*

Form <b>SS-4</b> (Rev. January 2010) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.	OMB No. 1545-0003 EIN
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Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>LIPSOUL COMPANY INC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>1500 W COPANS RD BAY A4</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <b>POMPANO BEACH FL 33064</b>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <b>BROWARD - Florida</b>	
	7a Name of responsible party <b>HENRIQUE MENDES DE ARAUJO P</b>	7b SSN, TIN, or EIN <b>N/A FOREIGN INDIVIDUAL</b>
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120</b> <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____		
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country <b>USA</b>
10 Reason for applying (check only one box)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>IMPORT &amp; EXPORT</b> <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____		
11 Date business started or acquired (month, day, year). See instructions. <b>03/04/2016</b>	12 Closing month of accounting year <b>12/31</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none). if no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural <b>0</b>	Household <b>0</b>	
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)		
16 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>IMPORT AND EXPORT CLOTHES</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>IMPORT AND EXPORT CLOTHES</b>		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶		

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>NEUZA CESAR</b>	Designee's telephone number (include area code) ( <b>305</b> ) <b>4063800</b>
	Address and ZIP code <b>3650 NW 82 AVE SUITE 404 DORAL FL 33168</b>	Designee's fax number (include area code) ( <b>305</b> ) <b>4063899</b>
Under penalties of perjury I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete		Applicant's telephone number (include area code)
Name and title (Type or print clearly) ▶ <b>HENRIQUE MENDES DE ARAUJO P</b> <i>President</i>		( )
Signature ▶ <i>[Signature]</i>		Applicant's fax number (include area code)
Date ▶ <b>03-10-16</b>		( )