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COVER LETTER

TO:

Registration Section
Division of Corporations

SURIFCT

YouGotRated, 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:

John B. Gibbons, Esq.

Name of Person

Saxon, Gilmore, Carraway & Gibbons, P.A.

Firm/Company

201 E. Kennedy Blvd., Suite 600

Address

Tampa, FL 33602

City/State and Zip Code

jgibbons@saxongilmore.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John B. Gibbons, Esq.

.813

314-4500

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

YouGotRated, LLC				
	(Must end with the words "Limited L	.iability Company, "L.L.C.," or "LLC.")		
ARTICLE II -	Address:			
		e principal office of the Limited Lia	ability Company	is:
Principal Office	e Address:	Mailing Address:		
3837 Northdale Blv	, d.	3837 Northdale Blvd.		
Suite 255		Suite 255		
Tampa, FL 33624		Tampa, FL 33624		
(The Limited Liabilit	y Company cannot serve as its own R	ered Office, & Registered Agent's egistered Agent. You must designate an individual		
(The Limited Liability business entity with		egistered Agent. You must designate an individ		
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the John B. Gibbons, Esq.	egistered Agent. You must designate an individ		- 3
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the John B. Gibbons, Esq.	egistered Agent. You must designate an individuely he registered agent are:		Doğum k Tari mili Tari mili
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the John B. Gibbons, Esq. Na 201 E. Kennedy Blvd., Suite 6	egistered Agent. You must designate an individuely he registered agent are:	dual or another 13 SEP 20	Control of the Contro
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the John B. Gibbons, Esq. Na 201 E. Kennedy Blvd., Suite 6	he registered agent are: ame oo t address (P.O. Box NOT acceptable)	dual or another 13 SEP 20	Section 1
(The Limited Liability business entity with	y Company cannot serve as its own R an active Florida registration.) ne Florida street address of the John B. Gibbons, Esq. Na 201 E. Kennedy Blvd., Suite 6 Florida street Tampa, FL 33602	egistered Agent. You must designate an individual he registered agent are: ame	dual or another 13 SEP 20	Allerian Colors and Co

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	The Agape 1 Trust, by Agreement dated September 19, 2013
	3837 Northdale Blvd., Suite 255
	Tampa, FL 33624
	
	
(Use attachment if necessary)	
	e date of filing: Filing (OPTIONA
REQUIRED SIGNATURE: Signature of a member constitutes an affirmation under I am aware that any false inform	er or an authorized representative of a member ar the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a member constitutes an affirmation under I am aware that any false inform	er or an authorized representative of a member or the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member constitutes an affirmation under I am aware that any false inform constitutes a third degree felony John B. Gibbons, Esq.	er or an authorized representative of a member or the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a member constitutes an affirmation under I am aware that any false inform constitutes a third degree felony. John B. Gibbons, Esq.	er or an authorized representative of a member or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

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

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