Electronic Articles of Organization
For
Florida Limited Liability Company

L06000096299
FILED 8:00 AM
October 02, 2006
Sec. Of State
dbruce

Article I

The name of the Limited Liability Company is:

FILL MY CUP, LLC

Article II

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

11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL. 32257

The mailing address of the Limited Liability Company is:

P.O. BOX 57298
JACKSONVILLE, FL. 32241

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

CASSUNDREA L THOMAS
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL. 32257

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.

Registered Agent Signature: CASSUNDREA LYNN THOMAS

Article V

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The name and address of managing members/managers are:

Title: MGRM
ISAAC L THOMAS SR.
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL. 32257

Title: MGRM
CASSUNDREA L THOMAS
11051 BARBIZON CIRCLE WEST
JACKSONVILLE, FL. 32257

Signature of member or an authorized representative of a member

Signature: CASSUNDREA LYNN THOMAS