

L080001/8025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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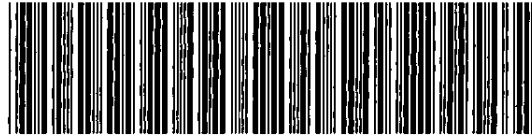
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

D. BRUCE

DEC 31 2008

EXAMINER

MyCorporation

An Intuit Company

21215 Burbank Blvd, Ste. 400  
Woodland Hills, CA 91367

intuit

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005  
E-mail: [info@mycorporation.com](mailto:info@mycorporation.com)

**ROUTINE SERVICE FILING REQUEST**

Wednesday, December 17, 2008

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Cup "O" Ccino LLC**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company  
**Attn: Fulfillment Dept.**  
21215 Burbank Blvd. Ste. 400  
Woodland Hills, CA 91367

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**Articles of Organization  
For  
Cup"O"Ccino LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Cup"O"Ccino LLC

**ARTICLE II - Address:**

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


1017 Orchid Oak Dr.  
Vero Beach, FL 32963

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

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

NRAI Services, Inc.  
2731 Executive Park Drive.  
Suite 4  
Weston, FL 33331

*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.*

  
\_\_\_\_\_  
NRAI Services, Inc., Registered Agent, by Meghan Record, Asst. Sec.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Nola Ciano  
1017 Orchid Oak Dr.  
Vero Beach, FL 32963

  
\_\_\_\_\_  
Meghan Record, Organizer

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