10000043671

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS APR 23 2010 EXAMINER					

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE.FLORIDA

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COVER LETTER

то:	Registration S Division of Co							
SUBJI	ECT:	CUPCO	ORN LLC					
	Name of Limited Liability Company							
The en	closed Articles o	of Organization and fee(s) are	submitted for filing.					
Please	return all corresp	pondence concerning this mat	ter to the following:					
	MEHMET I	EMRE PARS						
			Name of Person					
	CUPCORN	LLC_						
			Firm/Company					
	940 LINCOL	N ROAD MALL, SUIT	E 220					
			Address					
	MIAMI BEA	CH, FL 33139						
			y/State and Zip Code					
-	EMREPARS	634@GMAIL.COM	for future annual report notification)					
For fur	ther information	concerning this matter, please						
		concerning this matter, prease	c can.					
MEH	MET EMRE		at (786) 282-7777					
	Name	of Person	Area Code & Daytime Telep	phone Number				
Enclos	ed is a check for	or 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 C Tallahassee, FL 32301	ircle				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
CUPCORN LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ARTICLE II - Address: The mailing address and street address of the pri		ability (Comp	any is:		
Principal Office Address:	Mailing Address:					
940 LINCOLN ROAD MALL, SUITE 220 MIAMI BEACH, FL 33139	940 LINCOLN ROAD MALL, SUITE MIAMI BEACH, FL 33139	220	- -			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)						
The name and the Florida street address of the re	egistered agent are:					
MEHMET EMRE PARS	3					
7501 E. TREASURE DRIVE #6S Florida street address (P.O. Box NOT acceptable)						
NORTH BAY VILLAGE FL 33141 City, State, and Zip						
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	ccept service of process for the a his certificate, I hereby accept th I further agree to comply with formance of my duties, and I an	e appoi the pro 1 familio	ntmen vision ar with	t as s of all h and		
		SEC	10			
Registered Agent's Signatu	re (REQUIRED)	ORETA AHA	APR 2			
(CONTI	NUED)	XXX XXX	.2	i i		

Page 1 of 2

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

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

	= Manager " = Managing Member	Name and Address:					
MGRM		MEHMET EMRE PARS					
		7501 E. TREASURE DRIVE #6S					
		NORTH BAY VILLAGE, FL 33141					
MGRM		TUNC BASAR					
		1508 BAY ROAD, APT 229	 				
		MIAMI BEACH, FL 33139					
(Use atta	chment if necessary)						
(If an effective d	ffective date, if other than the da ate is listed, the date must be s er the date of filing.)	nte of filing: pecific and cannot be more than five be	(OPTIONAL) usiness days prior				
REQUII	RED 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.)						
	Typed	d 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)