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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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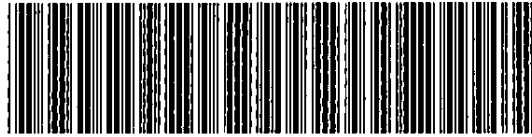
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 03 2010

EXAMINER

**HARDIN & GRACE**  
A PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW  
500 MAIN STREET, SUITE A  
NORTH LITTLE ROCK, AR 72114-5330  
TELEPHONE: (501) 378-7900  
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NORTH LITTLE ROCK, AR 72119

G. ROBERT HARDIN  
EMAIL: GHARDIN@HARDIN&GRACE.COM  
PHONE EXTENSION: 11

March 29, 2010

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301  
**Via Federal Express Bill No. 8698 1756 7050**

RE: Filing of Articles of Organization and Designation of Registered Agent for  
Cupola Ventures, LLC


Dear Sirs:

Enclosed herewith please an original executed Articles of Organization and Designation of Registered Agent for Cupola Ventures, LLC. We have enclosed our firm check no. 4387 payable to The Florida Department of State in the amount of \$160.00. We request that you file the enclosed Articles and return a certified copy of said filing and a Certificate of Status for the corporation to this office via the enclosed self addressed Federal Express envelope.

Your cooperation is greatly appreciated. If you have any questions, my address and daytime telephone number is set forth in the letterhead of this letter.

Sincerely,

HARDIN & GRACE, P.A.



G. Robert Hardin  
GRH/msb  
Enclosures

cc: Lawrence E. Hynek

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CUPOLA VENTURES, 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 principal office of the Limited Liability Company is:

**Principal Office Address:**

649 POINSETTA ROAD  
BELLEAIR, FL 33756

**Mailing Address:**

649 POINSETTA ROAD  
BELLEAIR, FL 33756

**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 registered agent are:

LAWRENCE E. HYNEK

Name

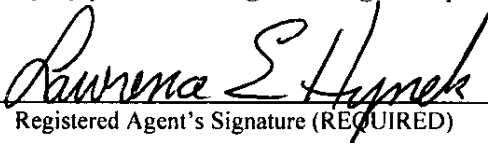
649 POINSETTA ROAD

Florida street address (P.O. Box **NOT** acceptable)

BELLEAIR FL 33756

City, State, and Zip

*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 as provided for in Chapter 608, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

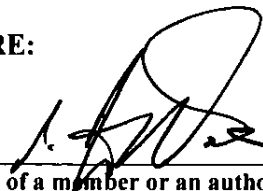
LAWRENCE E. HYNEK  
649 POINSETTA ROAD  
BELLEAIR, FL 33756

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED 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.)

G. ROBERT HARDIN

Typed 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)