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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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EFFECTIVE DATE 04-16-12

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SEL STATE TO STATE

B. BOSTICK
APR 2 0 2012
EXAMINER

COVER LETTER · - +

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TO:	Registration Section Division of Corporations	
SUBJI	ECT: Cupstire Uc Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Name of Person	
	POB 24034	
	West Palm Beach PL 33421	
	City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call: Area Code & Daytime Telephone Number Society Society	installer installer
	Seed is a check for the following amount: Diffiling Fee \$\bigsup \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\bigsup \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed)	* 15
	Mailing Address Street/Courier Address Pagistration Section Pagistration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

(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:	Mailing Address:
1481 Barks Road Marche & 33003	POB 212034 West Palm Beldy, Pl33421
Marach Cl. 32063	West talm Beach, Pl33421

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:

Name

Name

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

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 ignature (REQUIRED)

(CONTINUED)

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

the second

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	O Λ O Λ
MGR	Valued Killer
	1916 Party 125-334(2)
MOR	Apam Cohen
	Boynten Beach, FC. 3347
	ALL.
(Use attachment if necessary)	A
CLE V: Effective date, if other than t	he date of filing: 4.16.2012 (OPTION)

REQUIRED SIGNATURE:

Signature of a member dan 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Filing Fees:

to or 90 days after the date of filing.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)