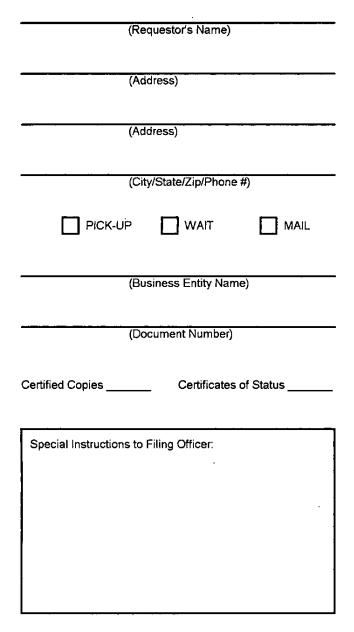
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B. BOSTICK

JAN - 8 2013

EXAMINER

(850) 245-6051.

*	COVE	R LETTER	•
TO: Registration Division of C			
SUBJECT: <u>C</u> o	uplemeter LLC Name of Limi	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
***************************************	Elain	Name of Person	
		eneter Firm/Company	
•		Firm/Company	
	3713	Iroquois Ave	
		Addiress	
	Sur	csota FL 34234 tv/State and Zip Code	ALE J
		couplemeter. com for future annual report notification)	HAS:
	E-mail address: (to be used	for future annual report notification)	SE -0 1
For further information	concerning this matter, please	e call:	FLST
Elaine	L Walker cof Person	at (663) 769-130 Area Code & Daytime Telep	13 JAN - J PM 3: 06 ALL AHASSEE, FLORIDA hone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words	uplemeter, LLC, "or "LLC.")
ARTICLE II - Address: The mailing address and street addr	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3713 Iroquois Ave. Sarasita FL 34234	Same
The name and the Florida street add The name and the Florida street add The name and the Florida street add Having been named as registered a liability company at the place de registered agent and agree to act all statutes relating to the proper	₽¥ 3

(CONTINUED)

Page 1 of 2

Elaine L. Welker
Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MBRM (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. 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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)