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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KOEPEL LAW GROUP, P.A.
Account Number : I20070000064
Phone : (561) 659-6455
Fax Number : (561) 659-7006

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
HIDDEN UNICORN, LLC**

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|-----------------------|----------|
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HIDDEN UNICORN, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel P. Koepfel, Esq.

Name of Person

Koepfel Law Group, P.A.

Firm/Company

400 South Australian Avenue, Suite 300

Address

West Palm Beach, Florida 33401

City/State and Zip Code

Joel@KoepfelLawGroup.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Joel P. Koepfel, Esq. at **561** **659-6455**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name;

The name of the Limited Liability Company is:

HIDDEN UNICORN 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:

Mailing Address:

400 S. Australian Avenue, Suite 300
West Palm Beach, Florida 33401

400 S. Australian Avenue, Suite 300
West Palm Beach, Florida 33401

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:

Joel P. Koepfel, Esq.

Name

400 South Australian Avenue, Suite 300

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

West Palm Beach

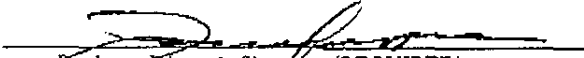
FL 33401

City

Zip

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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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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