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To:

Division of Corporations

Fax Number : (850)617-6381

From:

 $\cdot \mathcal{I}_{\mathbf{t}}$

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 : (561)844-3600 : (561)842-4104 Fax Number

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

Email Address:___

KD@ FCOHENLAW, COM

FLORIDA LIMITED LIABILITY CO. JUPITER CUPCOY, LLC

Certificate of Status	0
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Page Count	02
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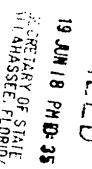
COVER LETTER

	JUPITER CUPCOY, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	GREGORY R. COHEN, ESQ.
	Name of Person
	COHEN NORRIS WOLMER RAY TELEPMAN COHEN
	Firm/Company
	712 U.S. HIGHWAY ONE, SUITE 400
	Address
	NORTH PALM BEACH, FL 33408
E	City/State and Zip Code KD@FCOHENLAW.COM
-	E-mail address: (to be used for future annual report notification)
For further ir	iformation concerning this matter, please call:
	GREGORY R. COHEN 561 844-3600
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing 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:		
JUPITER CUPCOY, I (Must contain	LC n the words "Limited Lia	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	iress of the principal offic	ce of the Limited	Liability Company is:
Principal	Office Address:		Mailing Address:
224 Shelter Lane Jupiter, FL 33469		<u>same</u>	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac The name and the Florida street a	cannot serve as its own Rective Florida registration.	egistered Agent. \	nt's Signature: You must designate an individual or
THE MATTER STATE WIS PROPERTY AND			
	Gregory R. Cohen, Esq	Name	
	712 U.S. Highway One Florida street address (cceptable)
	North Palm Beach	FL	33408
	City	State	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 605, F.S..

Registered Sem's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
MGR	ROBERT J. HOLLOWAY		
	224 SHELTER LANE		
	JUPITER, PL 33469		

•	nte of filing: . (OPTIONAL)		
ective date is listed, the date must be of filing.) The date inserted in this block does no ment's effective date on the Department.	ste of filing:		
EV: Effective date, if other than the defective date is listed, the date must be of filling.)	specific and cannot be more than five business days prior to or 9 it meet the applicable statutory filing requirements, this date will n		
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EV: Effective date, if other than the deterive date is listed, the date must be of filing.) The date inserted in this block does no ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in this document is executed any file.	specific and cannot be more than five business days prior to or set meet the applicable statutory filing requirements, this date will need State's records. member or an authorized representative of a member, ented in accordance with section 605.0203 (1) (b). Florida Statutes lise information submitted in a document to the Department of State		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)