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(Re	questor's Name)	
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(Do	cument Number)	
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**EXAMINER** 



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: CPA FINANCIAL CONNECTIONS, LLC (Name of Limited Liability Company)
The end	losed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
-	BRAD KELLEK (Name of Person)
	(Calle of Colory)
	CPA FINANCIAL CONNECTIONS, LLC (Firm/Company)
-	13700 SIX MILE CYPRESS PKWY. STE Z (Address)
-	FORT MYERS, FL 339/2 (City/State and Zip Code)
	(City/State and Zip Code)
For furt	ner information concerning this matter, please call:
R	AD VELLER at ( 239 ) 790 - 5020
	AD KELLER at (239) 790 - 5020 (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
<b>(</b> \$125.6	O Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
CPA FINANCIAL CONNECTIONS, LIC  (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:
13900 SIX MILE CYPRESS PKWY. (SAME)  SUITE Z  FORT MYERS, FL 33912
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:
BRAD KELLER Name PROPERTY
13700 SIX MILE CYPRESS PKWY, STE 2 3 PARTS Florida street address (P.O. Box NOT acceptable)
FIRT MYERS, FL 33912  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)
Page 1 of 2

Title: "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
_M6RM	<u>1</u>	BRAD KELLER 13700 SIX MILE CYPRESS YKWY. FORT MYERS, FL 33917
ffective date is	re date, if other than the listed, the date must b	date of filing: 4/12/2008. (OPTIONAL) e specific and cannot be more than five business days p
LE V: Effectiv	re date, if other than the listed, the date must be date of filing.)	date of filing: 4/17/2008. (OPTIONAL) e specific and cannot be more than five business days p
LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must be date of filing.)	date of filing: 4/17/2008. (OPTIONAL) e specific and cannot be more than five business days portion of a member.
LE V: Effectiv fective date is l days after the	re date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a member (In accordance with see	er or an authorized representative of a member.  ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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

\$125.00 Filing Fee for Articles of Organization and Designation

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