

L090000 32700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

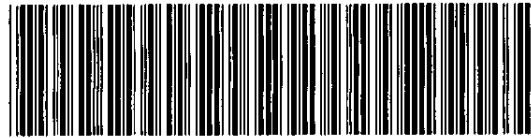
(Business Entity Name)

(Document Number)

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04/03/09--01005--010 **155.00

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09 APR -3 AM 10:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR - 6 2009

EXAMINER

FILED

09 APR -3 AM 9:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 04/03/09

REF. #: 000409.102397

CORP. NAME: CPF OFFICE, LLC

FILED
09 APR - 3 PM 9:15
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 529836 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2009

KATIE WONSCH
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: CPF OFFICE, LLC
Ref. Number: W09000015670

RECEIVED
09 APR -3 PM 4:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

We have received your document for CPF OFFICE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

In Article III, there is an address, but not the name of the Registered Agent. Please insert the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 009A00011301

FILED
09 APR -3 AM 9:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

**ARTICLES OF ORGANIZATION
OF
CPF OFFICE, LLC**

FILED
09 APR -3 AM 9:15
STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is **CPF OFFICE, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**2977 McFarlane Road
Suite 302
Miami, FL 33133**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Ernesto Cambo
**2977 McFarlane Road
Suite 302
Miami, FL 33133**

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.



Ernesto Cambo, Registered Agent

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.


Sue Zabloudil, Authorized Signer

(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.)

Sue Zabloudil
Typed or printed name of signee