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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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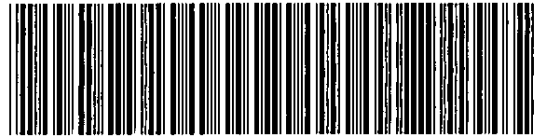
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN - 8 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CPMP ENTERPRISES, 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:

Adam D. Roark

Name of Person

Ossi Law Firm, P.A.

Firm/Company

4731 NW 53rd Avenue, Suite 1

Address

Gainesville, FL 32653

City/State and Zip Code

adam@ossilaw.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Adam D. Roark

Name of Person

at ( 352 ) 692-4888

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

ARTICLES OF ORGANIZATION  
OF  
CPMP ENTERPRISES, LLC

ARTICLE I

NAME

The name of the Limited Liability Company is CPMP ENTERPRISES, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 13044 SE 30<sup>th</sup> Court, Belleview, FL 34420.

The street address of the Limited Liability Company's principal office is 13044 SE 30<sup>th</sup> Court, Belleview, FL 34420.

ARTICLE III

DURATION AND PURPOSE

The period of duration for the Limited Liability Company shall be perpetual. The purpose for which this Limited Liability Company is organized is for any and all lawful business.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are: ADAM D. ROARK, 4731 NW 53<sup>rd</sup> Avenue, Gainesville, FL 32653.

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.



ADAM D. ROARK  
Registered Agent

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



ADAM D. ROARK, ESQUIRE, an authorized representative of a member

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