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J. BRYAN

SEP 2 0 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: CFE 8	Accounting Adv	isors LLC	
		ed Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	er to the following:	
Tracy Bo	urget		
		Name of Person	
CFE & Ad	counting Advisor	rs LLC	
 		Firm/Company	Sal
9785 Mor	ntague Street		
-		Address	5
Tampa, FL	33626		S PR
		//State and Zip Code	1: 24
tbourget@c	fe-accounting.com		
F 0 4 10 4		or future annual report notification)	
For further information of	concerning this matter, please	call:	
Tracy Bourget		at (407) 704-0208	
Name o	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check fo	r 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 Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY	COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CFE & Accounting Advisors LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE Π - Address:

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

Principal Office Address:	Mailing Address:
Attn: Tracy Bourget	Attn: Tracy Bourget
9785 Montague Street	9785 Montague Street
Tampa, FL 33626	Tampa, FL 33626
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an individual or another Effective Date 09/15//2
Tracy Bourget	Name
Tracy Bourget	Name
Tracy Bourget 9785 Montagu	Name
Tracy Bourget 9785 Montagu	Name Ie Street

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MGRM	Tracy Bourget
	9785 Montague Street
	Tampa, FL 33626
	
LE V: Effective date, if other than the	e date of filing: 09/15/2012. (OPTIONAl
fective date is listed, the date must b days after the date of filing.)	e date of filing: <u>09/15/2012</u> . (OPTIONAle specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	e date of filing:O9/15/2012 (OPTIONAl oe specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	e specific and cannot be more than five business days
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)