

LI 3000069685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

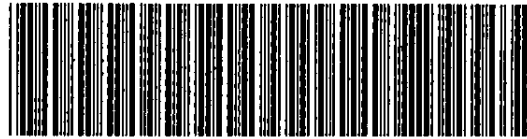
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/10/13--01018--008 **125.00

FILED
2013 MAY 10 PM 12:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 05/10/13

MAY 13 2013

D. BRUCE

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Richard Hoffmann, CPS, 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:

Richard Hoffmann

Name of Person

Richard Hoffmann, CPS, LLC

Firm/Company

110 NE 2nd Pl., Suite 303, #170

Address

Cape Coral, FL. 33909

City/State and Zip Code

RHoffmannCPS@gmail.com

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

For further information concerning this matter, please call:

Richard Hoffmann

Name of Person

at **(239) 994-2132**

Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Richard Hoffmann, CPS, LLC

(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:

1717 NW 11th Ave.

Cape Coral, FL 33993

110 NE 2nd Pl., Suite 303 #170

Cape Coral, FL 33909

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:

Kathryn Hoffmann

Name

1717 NW 11th Ave.

Florida street address (P.O. Box **NOT** acceptable)

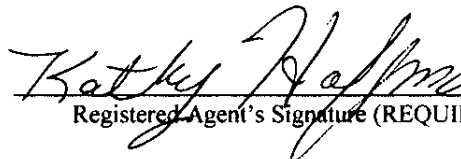
Cape Coral, FL 33993

FL

City, State, and Zip

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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)

05/10/13

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Richard Hoffmann
110 NE 2nd Pl. Suite 303 #170
Cape Coral, FL 33993

MGRM

Kathryn Hoffmann
110 NE 2nd Pl. Suite 303 #170
Cape Coral, FL 33909

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 10, 2013. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard A. Hoffmann

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**

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TALLAHASSEE, FLORIDA
2018 MAY 10 PM 12:35
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