

#L13000112888

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EFFECTIVE DATE  
8-9-2013

08/02/13--01014--006 \*\*130.00

FILED  
13 AUG - 8 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG - 9 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2013

ORLIRIO GODINEZ  
6204 BOYETTE RD.  
WESLEY CHAPEL, FL 33545

SUBJECT: CPI GLOBAL LTD.  
Ref. Number: W13000043663

We have received your document for CPI GLOBAL LTD. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

We do not file operating agreements. We file Articles of Organization. Enclosed are articles for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

Letter Number: 713A00018749

(850) 245-6051.

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT:** CPI Global 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:

ORLIRIO Godinez  
Name of PersonCPI Global LLC  
Firm/Company6204 Boyette Rd.  
AddressWesley Chapel, FL 33545  
City/State and Zip Codeolicgodinez @ msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ORLIRIO Godinez at ( 813 ) 698-6543  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

EFFECTIVE DATE  
8-3-2013CPI Global 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:**6204 Boyette Rd.  
Wesley Chapel FL.  
33545P.O. Box 7292  
Wesley Chapel, FL. 33545**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:

Orlando Godinez  
Name6204 Boyette Rd.  
Florida street address (P.O. Box **NOT** acceptable)Wesley Chapel FL. 33545  
City, State, and ZipFILED  
13 AUG -8 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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:**MGROrlirio Godinez  
6204 Boyette Rd.  
Wesley Chapel, FL 33545

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Aug. 3, 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.)

Orlirio Godinez

Typed or printed name of signer

**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)