

L14 000041653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

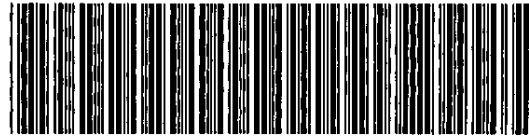
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEC. OF STATE
TALLAHASSEE, FLORIDA
14 MAR 03 PM 4:01

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2014

VERONICA BOCCO
PO BOX 1364
WINTER PARK, FL 32790

SUBJECT: COMPETENT PRACTICAL ADVICE CONSULTANTS, LLC.
Ref. Number: W14000013913

We have received your document for COMPETENT PRACTICAL ADVICE CONSULTANTS, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00004711

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Competent Practical Advice Consultants, 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:

Veronica Bocco

Name of Person

Firm/Company

P.O. Box 1364

Address

Winter Park, Florida 32790

City/State and Zip Code

mcKean1061@yahoo.com

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

For further information concerning this matter, please call:

Veronica Bocco at (407) 622-9138
Name of Person 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Competent Practical Advice Consultants, 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:

~~P.O. Box 1364~~ 1061 McKean Circle
~~Winter Park, FL 32790~~ Winter Park, FL 32790

P.O. Box 1364
Winter Park, FL 32790

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.)

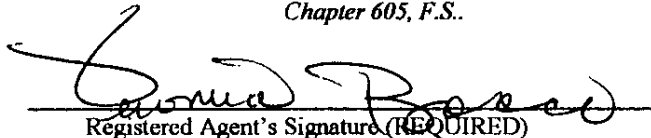
The name and the Florida street address of the registered agent are:

Veronica Bocco
Name

1061 McKean Circle
Florida street address (P.O. Box **NOT** acceptable)

Winter Park FL 32790
City Zip

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 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Veronica Bocco MGF

Name and Address:

P.O. Box 1364

Winter Park, FL 32790

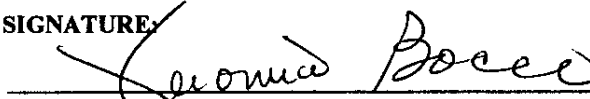
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 27, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

Veronica Bocco

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)

14 MAR 03 PM 4:01
STATE
FLORIDA