

L14 00 0077257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

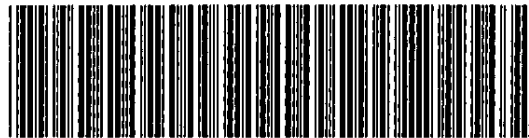
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 MAY -7 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 13 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CPU.ORG, 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:

Nicholas J Elkins

Name of Person

CPU.ORG, LLC

Firm/Company

7380 W Sand Lake Rd, Suite 500, Office # 558

Address

Orlando, FL 32819

City/State and Zip Code

s-elkins@usa.net

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

For further information concerning this matter, please call:

Nicholas Elkins

Name of Person

at ( 417 )

Area Code

766-9777

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:

CPU.ORG, 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:

7380 W Sand Lake Rd, Suite 500  
Office # 558  
Orlando, FL 32819

7380 W Sand Lake Rd, Suite 500  
Office # 558  
Orlando, FL 32819

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.)

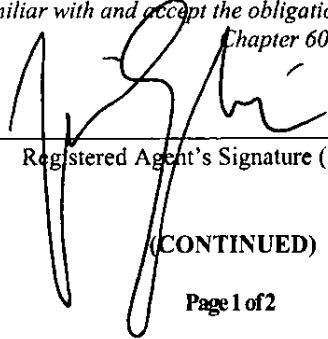
The name and the Florida street address of the registered agent are:

Nicholas J Elkins  
Name

14900 E Orange Lake Blvd, # 347  
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee FL 34747  
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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Managing Director

**Name and Address:**

Nicholas J Elkins

14900 E Orange Lake Blvd # 347

Kissimmee, FL 34747

Authorized Member

Steven L Elkins

14900 E Orange Lake Blvd # 347

Kissimmee, FL 34747

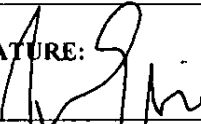
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: May 1, 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.)

Nicholas Elkins

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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RECEIVED  
SECONDARY OF STATE  
TALLAHASSEE, FLORIDA