

L150000040923

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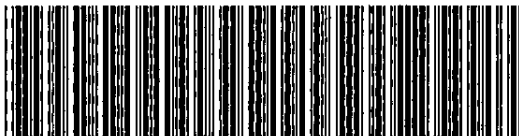
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03/16/15--01052--019 \*\*155.00

02/18/15--01010--011 \*\*78.75

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2015 MAR 17 AM 9:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APR 08 2015  
J. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CPI Advisors 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:

Joanne Robinson  
Name of Person

CPI Advisors  
Firm/Company

1997 Admirals Way  
Address

Fort Lauderdale, FL 33316  
City/State and Zip Code

joannerobinson@commercialpaymentsinternational.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joanne Robinson at ( 303 ) 9154924  
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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2015

JOANNE ROBINSON  
1997 ADMIRALS WAY  
FORT LAUDERDALE, FL 33316

SUBJECT: CPI ADVISORS LLC  
Ref. Number: W15000012630

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2015 MAR 17 AM 9:49  
CLERK OF STATE  
TALLAHASSEE FLORIDA

We have received your document for CPI ADVISORS LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOUR DOCUMENT IMPLIES THAT YOU WANT TO FILE A CORPORATION,  
HOWEVER YOUR DOCUMENT STATES LLC.

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) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00003643

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CPI Advisors 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:**

1997 Admirals Way  
Fort Lauderdale, FL 33316

1997 Admirals Way  
Fort Lauderdale, FL 33316

**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:

Joanne Robinson  
Name

1997 Admirals Way  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33316  
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.*

Joanne Robinson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

**Name and Address:**

Joanne Robinson

1997 Admirals Way

Fort Lauderdale, FL 33316

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

Joanne Robinson

**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.)

Joanne Robinson

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