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JUL 2 2 2015 **N Painte**c

## COVER LETTER

	ivision of Corporations		
SUBJECT	CPA Advantage . LLC		
SUBIRC		Limited Liabil	ity Company
The enclos	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	urn all correspondence concerning this	matter to the	following:
	David Snyder		
		Name of	Person
	Burgess and Snyder, LLC		
		Firm/Co	mpany
	101 Fox Hollow Road		
		Addr	ess
	Monticello, FL 32344		
	dmsnyder10sbi@gmail.com	City/State an	d Zip Code
	E-mail address: (to be us	sed for future a	annual report notification)
For further	nformation concerning this matter, ple	ase call:	
	David Snyder	70 <del>6</del>	830-8815
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	└──Certifi	200 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

CPA Advantage, L		<del> </del>	
(Must en	d with the words "Limited Lia	ability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street	address of the principal offic	e of the Limited	Liability Company is:
<u>Princ</u>	ipal Office Address:		Mailing Address:
101 Fox Hollow R	oad	101	Fox Hollow Road
he Limited Liability Compa other business entity with a	gent, Registered Office, & Formula of the serve as its own Report of the serve as its own Report of the serve as its own Report of the serve of the	Mor Registered Agei gistered Agent.	nticello, FL 32344
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	gent, Registered Office, & Formula of the Registered of the nactive Florida registration.)	Mor Registered Agei gistered Agent.	nt's Signature:
ARTICLE III - Registered A The Limited Liability Compa another business entity with a	gent, Registered Office, & For the serve as its own Report and active Florida registration.)  et address of the registered agonality and active David Snyder	Mor Registered Agen gistered Agent.	nt's Signature:
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & For the serve as its own Report and active Florida registration.)  et address of the registered agonality and active David Snyder	Mor Registered Agei gistered Agent.	nt's Signature:
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ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & Finy cannot serve as its own Report active Florida registration.)  et address of the registered age  David Snyder  N  101 Fox Hollow Road	Registered Agent. Yent are:	nt's Signature: You must designate an individual o

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)

Page 1 of 2

15 JUL 14 PH 4: 36

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Manager  David Snyder  101 Fox Hollow Road Monticello, FL 32344  Helen Burgess 101 Fox Hollow Road Monticello, FL 32344  Helen Burgess 101 Fox Hollow Road Monticello, FL 32344  Monticello, FL 32344  In this description of a member of a member of the applicable statutory filing requirements, this date will not be letive date on the Department of State's records.  In provisions, if any.  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  David Snyder  Typed or printed name of signee  Filing Fees: Filing Fees: Filing Fees: Filing Fees: Filing Fees: Filing Fees: Filing Fees (Optional)	"MGR" = Manager  AMBR  David Snyder  101 Fox Hollow Road		
AMBR    David Snyder   101 Fox Hollow Road   Monticello, FL 32344	David Snyder  101 Fox Hollow Road  Monticello, FL 32344  Helen Burgess  101 Fox Hollow Road  Monticello, FL 32344  Helen Burgess  101 Fox Hollow Road  Monticello, FL 32344   Helen Burgess  101 Fox Hollow Road  Monticello, FL 32344   Listed, if other than the date of filing:  Is listed, the date must be specific and cannot be more than five business days prior to or 90 day serted in this block does not meet the applicable statutory filing requirements, this date will not be letive date on the Department of State's records.  In provisions, if any.  ED SIGNATURE:  Signature of a member or an althorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  David Snyder  Typed or printed name of signee  Filing Fees:  Filing Fee for Articles of Organization and Designation of Registered Agent Certified Copy (Optional)  Certificate of Status (Optional)	AMBR David Snyder  101 Fox Hollow Road		
AMBR  Helen Burgess 101 Fox Hollow Road Monticello, FL 32344  (Use attachment if necessary)  EV: Effective date, if other than the date of filing:	Helen Burgess  101 Fox Hollow Road Monticello, FL 32344  Helen Burgess  101 Fox Hollow Road Monticello, FL 32344  Monticello, FL 32344  Helen Burgess  101 Fox Hollow Road Monticello, FL 32344  Monticello, FL 32344  Monticello, FL 32344  Monticello, FL 32344  It is listed, the date must be specific and cannot be more than five business days prior to or 90 day serted in this block does not meet the applicable statutory filing requirements, this date will not be letive date on the Department of State's records.  It provisions, if any.  SD SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.  David Snyder  Typed or printed name of signee  Filing Fees:  Filing Fee for Articles of Organization and Designation of Registered Agent  Certified Copy (Optional)  Certificate of Status (Optional)	101 Fox Hollow Road		
Monticello, FL 32344  Helen Burgess 101 Fox Hollow Road Monticello, FL 32344  (Use attachment if necessary)  Le V: Effective date, if other than the date of filing:  (COPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 do filing.)  In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be signature of a member of State's records.  Le VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordarce with section 605.0203 (1) (b). Florida Statutes, 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.  David Snyder  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)	Helen Burgess  101 Fox Hollow Road Monticello, FL 32344  Helen Burgess 101 Fox Hollow Road Monticello, FL 32344  Monticello, FL 3234			
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