

L16000152645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2016 AUG -9 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 JUN 27 PM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1116-462-46 1/1

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** COMPUTER WORLD ENTERPRISES, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELLE ELLIOTT

Name of Person

MAXSON TAX SERVICES, INC

Firm/Company

10889 NORTH US HWY 301 SUITE 7

Address

OXFORD, FLORIDA 34484

City/State and Zip Code

MAXSONTAXPREP@AOL.COM

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

For further information concerning this matter, please call:

DANIELE ELLIOTT

352

399-0842

at ( )

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**

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

**Maxson**  
**Tax Services, Inc.**  
Enrolled Agent #84946  
10889 North US Hwy 301  
Suite 7  
Oxford, Florida 34484  
352-399-0842

August 1, 2016

Florida Department of State  
Division of Corporations  
Attn: Yasemin Y Sulker  
PO Box 6327  
Tallahassee, FL 32314

Ref #W16000046246  
Letter Number: 916A00013809

Dear Ms. Sulker,

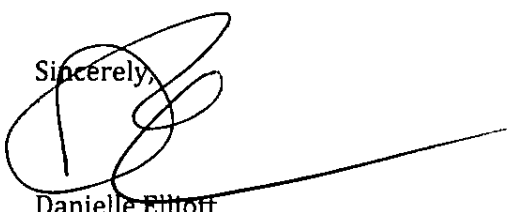
Enclosed is the documentation to form a Florida LLC for COMPUTER WORLD ENTERPRISES, LLC. Originally we were filing a Foreign Limited Liability Company since it was a North Carolina LLC.

Since Mr. Burke has moved to Florida and is operating his company in Florida, and after a phone conference with the Florida DOR, it is requested that the \$125.00 that is in your possession be used to form a Florida LLC.

Please expedite this request promptly.

If you have any further questions, please feel free to contact this office directly.

Sincerely,



Danielle Elliott  
Enrolled Agent #84946



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2016

DANIELLE ELLIOTT  
PO BOX 135  
SUMMERFIELD, FL 34491 US

SUBJECT: COMPUTER WORLD ENTERPRISES, LLC  
Ref. Number: W16000046246

919-807-2225  
2016 AUG -4 AM 11:49  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/1/16 BY 60322 UC

We have received your document for COMPUTER WORLD ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 916A00013809

\$15.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPUTER WORLD ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2831 SE 6TH PLACE  
OCALA, FLORIDA 34471

Mailing Address:

10889 N. US HWY 301  
SUITE 7  
OXFORD, FLORIDA 34484

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.)

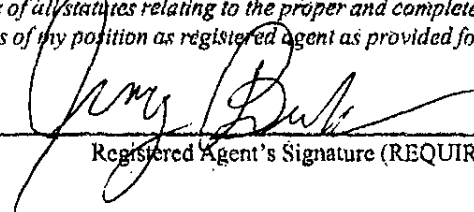
The name and the Florida street address of the registered agent are:

JERRY BURKE  
Name

2831 SE 6TH PLACE  
Florida street address (P.O. Box **NOT** acceptable)

<u>OCALA</u>	<u>FL</u>	<u>34471</u>
City	State	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

MGMR

**Name and Address:**

JERRY BURKE

2831 SE 6TH PLACE

OCALA, FLORIDA 34471

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 08/01/2016 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED 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.

JERRY BURKE

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)