L0400006/391

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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08/19/04--01028--001 **125.00

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And a second sec

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gordon Boatworks, CCC

Mark of the Street Combined to the Street Com

Cimatura	Art of Inc. File
	Certificate of Fictitious Name Corp Record Search
Signature	Fictitious Search
Requested by: Name Date Time Walk-In Will Pick Up	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
waix-in will fick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ON ALMASSE.	M8 19 M9.56
,	TORDAY SO

ARTICLE I - Nat The name of the L	ne: imited Liability Company	is:
Gordon Boatworks,	rrc	7
ARTICLE H - Ad The mailing address	,	e principal office of the Limited Liebility Company is:
Principal Office A	Address:	Mailing Address:
163 Poinciana Road		163 Poinclana Road
Edgewater, FL 3214	11	Edgewater, FL 32141
	egistered Agent, Registe Florida street address of the	red Office, & Registered Agent's Signature: he registered agent are:
	Tom Gordon	
	Na	me
	163 Poincians Road Florida street address	(P.O. Box NOT acceptable)
	Edgewater	FLORIDA 32141

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 608, Florida Statutes..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	naging Member(s): ger or Managing Member is as follows: Name and Address: Tom Gordon 163 Pologiana Road
	. ب
ARTICLE IV- Manager(s) or Man	saging Member(s)
The name and address of each Mana	ger or Managing Member is as follows:
	75.4. 1
Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Tom Gordan
	163 Poinciana Road
	Edgewater, FL 32141
er v	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
THE OFFICE OF CALL TO THE TOP.	
REQUIRED SIGNATURE:	7 /
1/1/	
Signature of a member or a	n authorized representative of a member.
(In accordance with section of	608.408(3), Florida Statutes, the execution
of this document constitutes	an affirmation under the penaltics of periury
that the facts stated beroin or	e uno.)
Tom Gordon Typed or	r printed name of signor
· Aber o	history morte of athirax

Filing Fees: \$100.00 Filing Fee for Articles of Organization

\$ 25.90 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)