

Florida Department of State
Division of Corporations
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Division of Corporations
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From:

Account Name : CHECKMATE
Account Number : I20030000146
Phone : (941) 922-2801
Fax Number : (941) 922-7741

LIMITED LIABILITY COMPANY

GORDON & WILLIAMS, LLC

Certificate of Status	0 1
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

130.00

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GORDON & WILLIAMS, 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:

LEAH HARN
(Name of Person)

CHECK MATE
(Firm/Company)

4411 BEE RIDGE ROAD #257
(Address)

SARASOTA, FL 34233
(City/State and Zip Code)

For further information concerning this matter, please call:

LEAH HARN at (941) 922-2801
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY
TALLAHASSEE, FLORIDA

2005 FEB 10 AM 10:08

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GORDON & WILLIAMS, LLC**ARTICLE II - Address:**

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

Principal Office Address:2 FARADAY
IRVINE, CA 92618**Mailing Address:**2 FARADAY
IRVINE, CA 92618**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

STALEY A. WEIDMAN

Name

4411 BEE RIDGE RD #257Florida street address (P.O. Box **NOT** acceptable)SARASOTA, FL 34233

FL

City, State, and 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 608, F.S.


Registered Agent's Signature

(CONTINUED)

FILED
2005 FEB 10 AM 10:00
TALLAHASSEE, FL 32309
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MARK WILLIAMS

4012 CALLE ISABELLA

SAN CLEMENTE, CA 92672

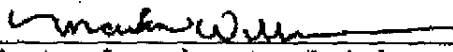
MGRM

BRUCE GORDON

24031 PINEHURST

LAGUNA NIGUEL, CA 92677

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARK WILLIAMS

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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