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SECRETARY OF STATE OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

COVER LETTER

Division of Co					
SUBJECT: GORE	OON'S INVESTME	NTS LLC			
3030LC1.	(Name of Limite	d Liability Company)			
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
YVONNE	GORDON				
	(Name of Person)			
GORDON	N'S INVESTMEN	TS LLC (Firm/Company)			
0.45 51.17					
245 BUT	TONWOOD AV	(Address)	<u> </u>		
\A/I \I TE	ODDINGO EL	,			
WINTER	SPRINGS, FL	32/08 /State and Zip Code)		-9-	IVIO SE
	(City	istate and Zip Code)		H	SION
For further information	concerning this matter, please	call:		30	42.5 42.5 42.5 42.5 42.5 42.5 42.5 42.5
YVONNE GOF	RDON	at (Hof) F82- (Area Code & Daytime To	50 fo	7 MAY 30 PM 3: 21	OF ST
(Name	of Person)	(Area Code & Daytime To	elephone Number)	3: 2:	AIG
Enclosed is a check for	or the following amount:			a.	Ġ
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	15 &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Com	apany is:
GORDON'S INVESTMENTS LLC	
(Must end with the words "Limited Liability Compa	ny, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is Mailing Address:
245 BUTTONWOOD AVE	245 BUTTONWOOD AVE
WINTER SPRINGS, FL 32708	WINTER SPRINGS, FL 32708
	gistered Office, & Registered Agent's Signature: 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:

YVONNE GORDON		: "3
Nan	ne	SE SIVIS
245 BUTTONWOOD	AVE	H SEE
Florida street a	address (P.O. Box NOT acceptable)	30 OF C
WINTER SPRINGS,	FL_32708	-p 000 000 000 000 000 000 000 000 000 0
City, State	e, and Zip	3. S S S S S S S S S S S S S S S S S S S

Having been named as registered agent and to accept service of process for the above stated 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing N	Name and Address:
MANAGER	YVONNE GORDON
WATER TOLIN	245 BUTTONWOOD AVE
	WINTER SPRINGS, FL 32708
LE V: Effective date, if	other than the date of filing:
LE V: Effective date, if fective date, if	other than the date of filing: (OPTIO) date must be specific and cannot be more than five business of
(Use attachment if necest LE V: Effective date, if fective date is listed, the days after the date of fixed the date of the date of fixed the date of	other than the date of filing: date must be specific and cannot be more than five business or ing.) (RE:
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