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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

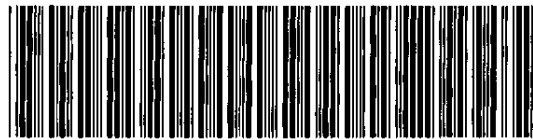
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Certificates of Status _____

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Office Use Only

EFFECTIVE DATE 5/31/09



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05/21/09--01035--002 **130.00

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09 MAY 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 22 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Signature Gordon Home Helper's Solution 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:

Judith Cheryl TenHoeve

Name of Person

Signature Gordon Home Helper's Solution LLC.

Firm/Company

16027 89 Pl North

Address

Loxahatchee Florida 33470

City/State and Zip Code

ctenhoeve@bellsouth.net

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

For further information concerning this matter, please call:

Cheryl TenHoeve

Name of Person

at (561)

793-6065

Area Code & Daytime Telephone Number

09 MAY 21 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

may/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Signature Gordon Home Helper's Solution LLC.

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

ARTICLE II - Address:

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

Principal Office Address:

16027 89 PI North
Loxahatchee Florida 33470

Mailing Address:

16027 89 PI North
Loxahatchee Florida 33470

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:

Judith Cheryl TenHoeve

Name

16027 89 PI North

Florida street address (P.O. Box **NOT** acceptable)

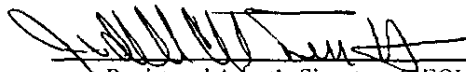
loxahatchee

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 5/31/09

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

Harold Gordon

17466 38 In North

Loxahatchee Florida 33470

MGR

Shirley Gordon

17466 38 In North

Loxahatchee Florida 33470

MGR

Judith Cheryl TenHoeve

16027 89 Pl North

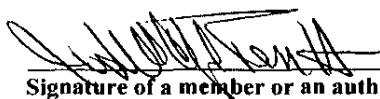
Loxahatchee Florida 33470

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 31, 2009 (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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Judith Cheryl TenHoeve

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)

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TALLAHASSEE, FLORIDA