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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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10 NOV -3 AM II: 19
SECRETARY OF STATE

J. BRYAN

NOV -4 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Durdons Name of Limit	Sclution S led Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	-	
	KAreem	Lordon Name of Person	<u> </u>
	Lordon'	Solutions Firm/Company	SEP 5
		S, W 2nd Terr	HASSE
	HALLANDA	Address P FI 33009 ly/State and Zip Code	E. FLOR
	Cit	ly/Stale and Zip Code	DE CONTRACTOR OF THE CONTRACTO
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
KAreen C.	of Person	at (774) 244-2 Area Code & Daytime Telepl	none Number
Enclosed is a check f	or 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	s:
Bordon's Sol	utius L.L.C
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
308 S.W 2nd Terrpep	308 S.W and Ferrace
Hall And street and City, S	istered Agent. You must designate an individual or another registered agent are:
liability company at the place designated in	this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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..

Page 1 of 2

Title: "MGR" = Manager "" = Managing Member	Name and Address:
Mgem	KAroen Lordon
	508. Saw Lad letter
	CRETAIN SS
(Use attachment if necessary)	OF STATE. FLOR
CLE V: Effective date, if other than the effective date is listed, the date must l	<u> </u>
CLE V: Effective date, if other than the effective date is listed, the date must l	e date of filing: (OPTEONAL) be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must 100 days after the date of filing.)	e date of filing: (OPTEONAL) be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTEONAL)

\$125.00 Filing Fee for Articles of Organization and Designation

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