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(Re	equestor's Name)	
(Ac	ldress)	
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COVER LETTER

	Division of Corporations	
SUBJEC'	C.O.R.E., LLC	
Jauaue	Name of Limited Liability Company	
The enclo	losed Articles of Organization and fee(s) are submitted for filing.	
Please ret	eturn all correspondence concerning this matter to the following:	
	Almon W. Gunter Jr	
	Name of Person	
	Almon Gunter Motivates, Inc	
	Firm/Company .	
	Post Office Box 194	
	Address	
	Jacksonville, Florida 32234	
	City/State and Zip Code	
	almon@almonguntermotivates.com E-mail address: (to be used for future annual report notification)	
For further	er information concerning this matter, please call:	
	Almon W. Gunter Jr 904 803-1917	
	Name of Person Area Code Daytime Telephone Number	
Enclosed i	I is a check for the following amount:	
\$125.00 F	_	Status & y
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahasses FL 323142661 Executive Center Girele	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

ALMON W. GUNTER, JR. P.O. BOX 194 JACKSONVILLE, FL 32234

SUBJECT: C.O.R.E., LLC. Ref. Number: W15000062546

We have received your document for C.O.R.E., LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 915A00019904

COVER LETTER

	egistration Section [¶] lvision of Corporations	
SUBJECT	: O.O.R.E., LLC ORE (Name of Li	- HARACTER DEVELOPMENT LLC imited Liability Company
The enclos	ed Articles of Organization and fee(s) a	re submitted for filing.
Please retu	rn all correspondence concerning this n	natter to the following:
	Almon W. Gunter Jr	
		Name of Person
	Almon Gunter Motivates, Inc	
		Firm/Company •
	Post Office Box 194	
		Address
	Jacksonville, Florida 32234	
		City/State and Zip Code
; -	almon@almonguntermotivates.com	· · · · · · · · · · · · · · · · · · ·
	•	d for future annual report notification)
For further in	nformation concerning this matter, plea	se call:
	Almon W. Gunter Jr	803-1917
		Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi		\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ICLE II - Address: nailing address and street a	ddress of the principal offic	e of the Limited Liability Company	is:
<u>Princip</u>	al Office Address:	Mailing	Address:
910 Lafayette Street		PO Box 194	
Baldwin, FL 32234		Jacksonville, FL 32234	
Limited Liability Company		Registered Agent's Signature: egistered Agent. You must designate	an individual or
Limited Liability Company er business entity with an	cannot serve as its own Re	gistered Agent. You must designate	an individual or
Limited Liability Company er business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag Almon W. Gunter Jr.	gistered Agent. You must designate	an individual or
Limited Liability Company er business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag Almon W. Gunter Jr.	egistered Agent. You must designate	an individual or
Limited Liability Company er business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Almon W. Gunter Jr. N 910 Lafayette Street	egistered Agent. You must designate	an individual or
Limited Liability Company er business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag Almon W. Gunter Jr. N 910 Lafayette Street	gistered Agent. You must designate gent are:	an individual or

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	ज
MGR	Almon W. Gunter Jr.	:
	910 Lafayette Street	
	Baldwin, FL 32234	415
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	WWW-1107-12	
fective date is listed, the date must l	e date of filing: September 14, 2015 be specific and cannot be more than five busine	(OPTIONAL) ss days prior to or 90 d
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five busine not meet the applicable statutory filing requirem	ss days prior to or 90 d
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	not meet the applicable statutory filing requiremment of State's records.	ss days prior to or 90 dents, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ment's effective date on the Department. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is e I am aware that any	a member or an authorized representative of xecuted in accordance with section 605.0203 (1) false information submitted in a document to the legree felony as provided for in s.817.155, F.S.	a member. (b), Florida Statutes.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ament's effective date on the Department. The control of the date inserted in this block does are the control of the date inserted in this block does are the date inserted in this block does are the date inserted. REQUIRED SIGNATURE: Signature of this document is eliam aware that any constitutes a third of the date in the date i	not meet the applicable statutory filing requiremment of State's records. a member or an authorized representative of executed in accordance with section 605.0203 (1) false information submitted in a document to the legree felony as provided for in s.817.155, F.S.	a member. (b), Florida Statutes.