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MAY 22 2019 C Kinsey

# COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	J D GORDON ENTERPRISES, LLC
30041.	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	JEFFREY D GORDON
	Name of Person
	Firm/Company
	1387 N. DEXTER DRIVE
	Address
	PORT ORANGE, FL 32129
	City/State and Zip Code skreemr24@yahoo.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	JEFFREY D GORDON 386 212 - 6804
	Name of Person Area Code Daytime Telephone Number
	d is a check for the following amount:  D Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  New Filing Section  Division of Corporations  Physician of Corporations

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

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

J D GORDON EN	TERPRISES, LLC		
(Must co	ntain the words "Limited L	liability Company,	"L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited	Liability Company is:
Princi	pal Office Address:		Mailing Address:
1387 N. DEXTER	DRIVE	SAM	Е
PORT ORANGE, I  ARTICLE III - Registered A The Limited Liability Compa	gent, Registered Office, &	& Registered Agen Registered Agent, Y	t's Signature:
PORT ORANGE. I  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own in active Florida registration and the desired address of the registered	& Registered Agen Registered Agent. Y 1.) agent are:	t's Signature:
PORT ORANGE. I  ARTICLE III - Registered A (The Limited Liability Comparison)	gent, Registered Office, & ry cannot serve as its own in active Florida registration	& Registered Agen Registered Agent. Y 1.) agent are:	t's Signature:
PORT ORANGE. I  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & any cannot serve as its own active Florida registration address of the registered JEFFREY D. GORDO	& Registered Agen Registered Agent. Y 1.) agent are: DN Name	t's Signature:
PORT ORANGE. I  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & ny cannot serve as its own in active Florida registration and the desired address of the registered	& Registered Agen Registered Agent. Y 1.) agent are: DN Name	t's Signature: 'ou must designate an individe
PORT ORANGE. I  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, & say cannot serve as its own in active Florida registration address of the registered  JEFFREY D. GORDO  1387 N. DEXTER DE	& Registered Agen Registered Agent. Y 1.) agent are: DN Name	t's Signature: 'ou must designate an individe

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)

red Agent's Signature (REQUIRED)



"MGR" = Manager AMBR  JEFFREY D. GORDON 1387 N. DEXTER DRIVE PORT ORANGE. FL 32129  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	<u>Tide:</u>	Name and Address:
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be comment's effective date on the Department of State's records.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document's executed in accordance with section 605.0203 (1) (b), Florida Statutes.	"AMBR" = Authorized Member	
(Use attachment if necessary)  (Use attachment if necessary)  (LE V: Effective date, if other than the date of filing:		ACCEPTANCE CARE OF
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	AMBR	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:		PORT ORANGE, FL 32129
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:		
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ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.  ILE VI: Other provisions, if any.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	·	
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REOURED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	ffective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days a
REOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  This document's effective date on the Department of State's records.  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.		
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Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.		
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This document's executed in accordance with section 605.0203 (1) (b), Florida Statutes.	LE VI: Other provisions, if any.	10 9
	LE VI: Other provisions, if any.  REQUIRED SIGNATURE:	LD. Sock
	REQUIRED SIGNATURE:	Deck- a member or an authorized representative of a member.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	REQUIRED SIGNATURE:  Signature by: This document is ex	a member or an authorized representative of a member.

Filing Fees:

JEFFREY D. GORDON

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2019 HAY 13 AM 9:54 SECRETARY OF STATE

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:				
J D GORDON ENTER	PRISES, LLC				
(Must contain	the words "Limited I.	iability Company	v, "L.L.C" or "LLC.")	-	
ARTICLE II - Address: The mailing address and street add	ress of the principal of	Tice of the Limite	d Liability Company is:		
<u>Principal</u>	Office Address:		Mailing Add	dress:	
1387 N. DEXTER DR	VE	SA	ME		
PORT ORANGE, FL 3					
(The Limited Liability Company canother business entity with an action The name and the Florida street ad	ive Florida registration	n.) agent are:			
	1387 N. DEXTER DR	RIVĘ			
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)		
	PORT ORANGE	FL	32129		
	City	State	Zip		
Having been named as registered ag place designated in this certificate, I	hereby accept the apporisions of all statutes re	intment as registe lating to the prope		t in this capacity. I nce of my duties, an	

(CONTINUED)

2019 MAY 13 AM 9: 54 SECREDARY OF STATE

# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Auth "MGR" = Manag			
MOR - Mana,	176>4*		
AMBR	<b>3</b> 01	JEFFREY D. GORDON	
	<del></del>	1387 N. DEXTER DRIVE	
		PORT ORANGE, FL 32129	
	<del>_</del>		
		<del></del>	
(Use attachment	if necessary)		
	<b>3</b> ·		
If the date inserted	I in this block does not meet th date on the Department of Stat	ne applicable statutory filing requirements, this date will not te's records.	•
If the date inserted ument's effective	date on the Department of Stat		•
If the date inserted ument's effective of LE VI: Other prov	GNATURE:  Signature of a member This document or executed in a may		•
If the date inserted ument's effective of LE VI: Other provents of the provent	GNATURE:  Signature of a member This document or executed in a lam aware that any false inforteenstitutes a third degree felon	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes, mation submitted in a document to the Department of State by as provided for in s.817.155. F.S.	•
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REOURED SI  \$125.00 Filing \$ 30.00 Certif	GNATURE:  Signature of Amember This document are vected in a lam aware that any false inforteconstitutes a third degree felon  Typ  Fee for Articles of Organizatied Copy (Optional)	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155. F.S.  EFFREY D. GORDON Ded or printed name of signee  Filing Fees: ation and Designation of Registered Agent	be l