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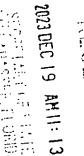
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WALK IN

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XX	CERTIFIED COPY PHOTOCOPY			_
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l .	GORDON FAMILY MA (CORPORATE NAME AND DOCUM			
. .	(CORPORATE NAME AND DOCUM	IENT #)		
3.	(CORPORATE NAME AND DOCUM	ENT #)		
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PECIAI NSTRU	L CTIONS:			
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabil	lity Company is:			
Gordon Family Ma		Liahilin Can	TOWN MILEC MODIFICATION	
(Musi coi	ttain the words "Limited i	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Li	mited Liability Company is:	
-	pal Office Address:		Mailing Address:	
8947 HIDDEN AC	RES DRIVE		8947 HIDDEN ACRES DRIVE	
Boynton Beach, FL			Boynton Beach, FL 33473	
The name and the Florida stree	t address of the registered Eric Gordon	l agent are:		
	Eric Gordon			
		Name		
	8947 HIDDEN ACR	ES DRIVE		
	Florida street address	s (P.O. Box N	OT acceptable)	
	Boynton Beach	FL	33473	
	City	State	Zip	
lace designated in this certificate wither agree to comply with the p	e, I hereby accept the appo provisions of all statutes re	ointment as reg elating to the p	for the above stated limited liability company at a gistered agent and agree to act in this capacity, proper and complete performance of my duties, a agent as provided for in Chapter 605, F.S	
	/s/ Eric Gordon	n		
	Registo	ered Agent's S	Signature (REQUIRED)	
		(CONTINU	ED)	

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Eric Gordon
THE STATE OF THE S	8947 HIDDEN ACRES DRIVE
	Boynton Beach, FL 33473
	Boyling Stanie Control
	
(Use attachment if necessary) LEV: Effective date, if other than the da	
LEV: Effective date, if other than the da ffective date is listed, the date must be see of filing.)	ste of filing:
TLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department of the Department o	te of filing:
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department of the Department	ste of filing:
CLE V: Effective date, if other than the date ffective date is listed, the date must be see of filing.) If the date inserted in this block does not turnent's effective date on the Department of the Department	specific and cannot be more than five business days prior to or 90 days at meet the applicable statutory filing requirements, this date will not be listent of State's records.
CLE V: Effective date, if other than the date feetive date is listed, the date must be see of filing.) If the date inserted in this block does not sument's effective date on the Department of	te of filing:

Filing Fees:

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)

Eric Gordon

2635