

L24000350579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200433799482

FILED

2024 AUG 15 AM 9:47

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

RECEIVED

2024 AUG 15 AM 10:59

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

15



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 08/14/24
Order #: 1596105-1
Re: GORDON DRIVE STAFFING LLC
Processing Method: Routine

A handwritten signature in cursive script, appearing to read 'Amanda Miller', is written over the 'Re:' line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2024 AUG 15 4 9:47
FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GORDON DRIVE STAFFING 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:

KATHY SACHELI	
Name of Person	
DAY PITNEY LLP	
Firm/Company	
263 TRESSER BLVD.	
Address	
STAMFORD, CT 06901	
City/State and Zip Code	
KSACHELI@DAYPITNEY.COM	
E-mail address: (to be used for future annual report notification)	

FILED

2024 AUG 15 AM 9:47

FILED

For further information concerning this matter, please call:

KATHY SACHELI	at (203)	977-7308
Name of Person	Area Code	Daytime Telephone Number

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GORDON DRIVE STAFFING LLC
(Must contain 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:	Mailing Address:
JULIUS GAUDIO C/O DAY PITNEY LLP	JULIUS GAUDIO C/O DAY PITNEY LLP
4855 TECHNOLOGY WAY, SUITE 530	4855 TECHNOLOGY WAY, SUITE 530
BOCA RATON, FL 33431	BOCA RATON, FL 33431

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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE, FL 32301
City State Zip

2024 AUG 15 AM 9:47

FILED

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

