L24000350579

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200433799482

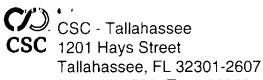
2024 AUG 15 AH 9: 47

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RECEIVED

M



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

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

12000000195

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.

COVER LETTER

	New Filing Sec Division of Cor			
SUDIEC	т,	GORDON DRI	VE STAFFING LLC	
SUBJEC	1:		ited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please ret	urn all correspo	ndence concerning this ma	tter to the following:	
		KATHY SACHELI		
			Name of Person	
		DAY PITNEY LLP		2024 AUG 15
			Firm/Company	: 6
				ਹ।
		263 TRESSER BLVD.		
			Address	M 9: 47
		STAMFORD, CT 0690	1	
			ty/State and Zip Code	
		KSACHELI@DAYPITN		
	É	E-mail address: (to be used	for future annual report notificati	on)
For further	information cor	ncerning this matter, please	call:	
	KAT	HY SACHELI at (2	203) 977-7308	
	Name		ea Code Daytime Telephone	e Number
Enclosed	is a check for th	ne following amount:		
□\$125.0	0 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)
	Mailin	g Address	Street Address	
	New Fi	ling Section	New Filing Section Di	
		on of Corporations ox 6327	The Centre of Tallaha 2415 N. Monroe Street	
		ox 6327 assee, FL 32314	Tallahassee, FL 3230.	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabilit	y Company is:				
	GORDON DR	IVE STAF	FING LLC		
(Must cont			npany, "L.L.C.," or "LLC.")		•
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the I	Limited Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Ad	ldress:	
JULIUS GAUDIO C/O DAY PITNEY LLP 4855 TECHNOLOGY WAY, SUITE 530 BOCA RATON, FL 33431			JULIUS GAUDIO C/O DAY PITNEY LLP 4855 TECHNOLOGY WAY, SUITE 530 BOCA RATON, FL 33431		, - -
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registration	Registered A		individual or	2024 AUG 15
	CORPORATIO	N SERVICE	COMPANY	-	
		Name		11., .	P
	1201 HAYS S	REET		717	ց։ կ7
	Florida street addres	s (P.O. Box	NOT acceptable)		
	TALLAHASSE	E, FL 32301	<u> </u>		
	City	State	Zip		
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appoor	pintment as relating to the as registered	egistered agent and agree to a proper and complete perform	ect in this capacity ance of my duties,	. <i>I</i>

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JULIUS GAUDIO
	C/O DAY PITNEY LLP 4855 TECHNOLOGY WAY, SUITE 530
	BOCA RATON, FL 33431
	,,
 	
	LANCE.
	
	
	2021 AUG
	<u>ල්</u>
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the d	date of filing: (OPTIONAL)
an effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days af
e date of filing.)	ot meet the applicable statutory filing requirements, this date will not be liste
e document's effective date on the Department	
document's effective date of the Departine	eff of state's records.
TICLE VI: Other provisions, if any.	
ASSUMED SIGNATURE	\$igned by:
REQUIRED SIGNATURE:	In M
X	
	member or an authorized representative of a member.
This document is exe	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a document to the Department of State
constitutes a third deg	gree felony as provided for in s.817.155, F.S.
	JULIUS GAUDIO
	Typed or printed name of signce
	- 1k-2 or brunes mine or orBure
	Filing Fees:
\$125.00 Filing Fee for Articles of	Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)