

PO0000077109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

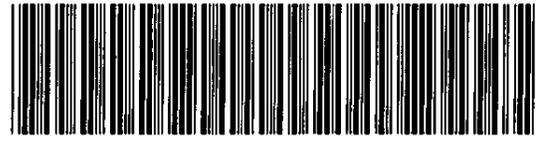
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06 JUN -2 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

g 6/5/06

**COVER LETTER**

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06 JUN -2 PM 3:51

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: C. GORDON'S & ASSOCIATES, INC.**

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM: CHRISTOPHER D. GORDON**

Name (Printed or typed)

**11419 WHISPERING HOLLOW DR.**

Address

**TAMPA, FL 33635**

City, State & Zip

**813 786 0078**

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

C. GORDON'S & ASSOCIATES, INC.

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

11419 WHISPERING HOLLOW DR. TAMPA, FL 33635

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSULTING AND TAX SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE THOUSAND (1000)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

CHRISTOPHER D. GORDON, 11419 WHISPERING HOLLOW DR, TAMPA FL 33635  
CHRISTOPHER D. GORDON, JR 11419 WHISPERING HOLLOW DR. TAMPA FL 33635  
LEONOR GORDON 11419 WHISPERING HOLLOW DR. TAMPA FL 33635

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHRISTOPHER GORDON 11419 WHISPERING HOLLOW DR TAMPA, FL 33635

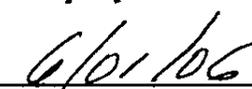
**ARTICLE VII INCORPORATOR**

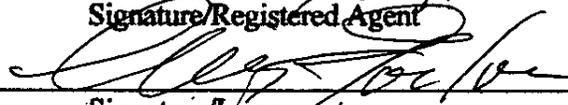
The name and address of the Incorporator is:

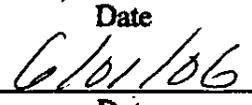
CHRISTOPHER D. GORDON 11419 WHISPERING HOLLOW DR. TAMPA, FL 33635

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date