

PO0000077109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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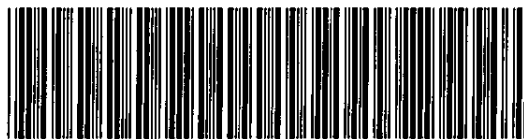
(Business Entity Name)

(Document Number)

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

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/mailling 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