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TOWN AND CONTRACTOR

COVER LETTER

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

)

SUBJECT: Gor	Do Productions, Inc.		
SOBJECT.	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	d a check for:
S70.0 Filing Fe	- ·	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUI	
FROM:	Name	(Printed or typed)	
	10069 SW Stonegate Drive	Address	
	Port Saint Lucie, Florida 34937	Address	
	City,	State & Zip	
	202/258-7222		
	Daytime T	elephone number	
	pat@spiritedpainting.com		
	E-mail address: (to be used	for future annual report	notification)

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



July 6, 2015

PATRICIA R GORDON 10069 SW STONEGATE DRIVE PORT SAINT LUCIE, FL 34937

SUBJECT: GORDO PRODUCTIONS, INC.

Ref. Number: W15000045420

We have received your document for GORDO PRODUCTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 015A00014030

www.sunbiz.org

Division of Communities D.O. DOY (2007 Mullahaman Florida 2001

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

The name of the corpora	GorDo Productionse, Inc.	GORDON PRODUCTIO	NS./NC.	
ARTICLE II PRINC			Mailing address, if different is:	
10069 SW Stonegate D	rive		······	
Port Saint Lucie, FL 34	987			
ARTICLE III PURP The purpose for which	OSE To promote the corporation is organized is:	live entertainment concerts.		
			وثب	
			and the state of t	
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:		PH 3: 59	
ARTICLE V INITLA	AL OFFICERS AND/OR DIRECTORS			
Name and Title	Patricia R. Gordon, Chief Executive Office	Name and Title:		
Address	100369 SW Stonegate Drive	Address:		
	Port Saint Lucie, FL 34987			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		

Name at	nd Title:	Name and Title:	
Addres	s	Address:	
		<u> </u>	
ARTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable	of the registered agent is:	
Name:	Patricia R. Gordon		
Address:	10069 SW Stonegate Drive		The same and
	Port Saint Lucie, FL 34987		S TI
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		4 C
Name:	PATRICIA R. GORDON	<u> </u>	59
Address:	100695W STONEGATE	De.	
	HORT SAINTLYGE, FL.	<u>34</u> 987	
Effective date, if	EFFECTIVE DATE: Other than the date of filing: Late is listed, the date must be specific and can ling.)	(OPTIONAL) not be more than five busines	
	inserted in this block does not meet the applicab ffective date on the Department of State's records		, this date will not be listed as
Having been nan this certificate, I	ned as registered agent to accept service of proce am familiar with and accept the appointment as i	ess for the above stated corpore registered agent and agree to ac	ation at the place designated in ct in this capacity
Hatric	int Mordon		June 26, 2015
	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein as Department of State constitutes a third degree felo	re true. I am aware that the fa ony as provided for in s.817.15.	lse information submitted in a 5, F.S.
Satric	ia Moldon		June 26, 2015
Requi	red Signature/Incorporator		Date