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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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Effective Date 3/19/12

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SECRETARY OF STATE OIVISION OF COMPORATION

MAR 2 3 2012 T. HAMPTON

COVER LETTER

Registration Section

TO:

| Division of Corporations |
|---|
| SUBJECT: Florida Fall Prevention 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: |
| |
| Michael Cooper Name of Person |
| Firm/Company |
| 8460 Grand Messina Circle |
| Address |
| Boynton Beach, FL 33472 |
| City/State and Zip Code |
| mcpr@aol.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Michael Cooper at (561) 740-3011 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: \$\sqrt{\$125.00}\$ \text{ Filing Fee} \text{ \$\sqrt{\$130.00}\$ \text{ Filing Fee & Certificate of Status} \text{ \$\sqrt{\$155.00}\$ \text{ Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\sqrt{\$160.00}\$ \text{ Filing Fee, Certified Copy (additional copy is enclosed)}} |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Effective Date 3/19/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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|---|-----|-------|-----|-----|------|----|
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The name of the Limited Liability Company is:

Florida Fall Prevention LLC

(Must end with 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: |
|---------------------------|---------------------------|
| % Michael Cooper | % Michael Cooper |
| 8460 Grand Messina Circle | 8460 Grand Messina Circle |
| Boynton Beach, El. 33472 | Roynton Reach, El. 33472 |

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:

| Michael Cooper | |
|----------------|-----------------------------------|
| Na | ine |
| 8460 Grand Me | essina Circle |
| Florida street | address (P.O. Box NOT acceptable) |
| Boynton Beach, | _{FL} 33472 |
| City | , State, and Zip |

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Me | nber |
| MGRM | Michael Cooper |
| | 8460 Grand Messina Circle |
| | Boynton Beach, FL 33472 |
| MGR | Ellian Olassan |
| | Elliott Glasser 8400 Marsala Way |
| | Boynton Beach, FL 33472 |
| | Boymon Beach, 1 E 33472 |
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| (Use attachment if necessary | |
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| CLE V: Effective date, if oth | er than the date of filing: 03/19/2012 . (OPTIONAL) |
| CLE V: Effective date, if oth | er than the date of filing: 03/19/2012 . (OPTIONAL te must be specific and cannot be more than five business days |
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| CLE V: Effective date, if oth effective date is listed, the date of filing | er than the date of filing: 03/19/2012 . (OPTIONAL) te must be specific and cannot be more than five business days (3.) |
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| CLE V: Effective date, if oth effective date is listed, the date 0 days after the date of filing REQUIRED SIGNATUR | er than the date of filing: 03/19/2012 . (OPTIONAL) te must be specific and cannot be more than five business days (3.) E: of a member or an authorized representative of a member. |
| CLE V: Effective date, if oth effective date is listed, the date 0 days after the date of filing REQUIRED SIGNATUR Signature (In accordance with | er than the date of filing: 03/19/2012 . (OPTIONAL) te must be specific and cannot be more than five business days (a.) |
| CLE V: Effective date, if oth effective date is listed, the date 0 days after the date of filing REQUIRED SIGNATUR Signature (In accordance with constitutes an affind I am aware that any | er than the date of filing: 03/19/2012 . (OPTIONAL) te must be specific and cannot be more than five business days (3.) E: Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. false information submitted in a document to the Department of State |
| CLE V: Effective date, if other effective date is listed, the date of days after the date of filing experience. REQUIRED SIGNATUR Signature (In accordance with constitutes an affin I am aware that any constitutes a third constitutes a third constitutes a third constitutes and constitutes and constitutes are constituted. | er than the date of filing: 03/19/2012 . (OPTIONAL) te must be specific and cannot be more than five business days (3.) E: Section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are true. |

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)