

L010000011203

**WOLFSON & ASSOCIATES, P.A.**

- Certified Public Accountants -  
130 S. UNIVERSITY DRIVE, SUITE D  
PLANTATION, FLORIDA 33324

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. FALLA & ASSOCIATES, LLC  
(Corporation Name) (Document #)

2. L01-11203  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) 500004463935--4  
-07/09/01--01048--005  
\*\*\*155.00 \*\*\*155.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -9 AM 10:28

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Examiner's Initials

**Articles Of Organization  
For  
Florida Limited Liability Company**

**Falla & Associates, L L C**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Falla & Associates, L L C

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

320 Arbuckle Branch Road  
Sebring, Florida 33857

**ARTICLE III - Duration:**

The Limited Liability Company shall dissolve no later than December 31, 2070.

**ARTICLE IV - Management:**

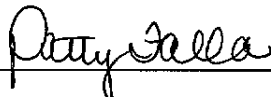
The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Patty Falla  
P O Box 192  
Lorida, Florida 33857

**ARTICLE V - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: NONE.

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**Patty Falla, Member**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Falla & Associates, L L C
2. The name and the Florida street address of the registered agent is:

NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301

*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.*

  
NRAI Services, Inc., Registered Agent

**Filing Fee: \$ 25 for Designation of Registered Agent**

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