

L04000039613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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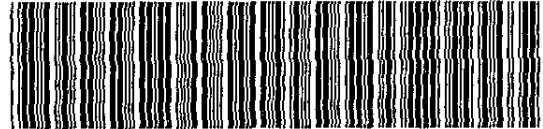
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RICHARD M. CARNELL, JR.

ATTORNEY AT LAW

1900 OLD DIXIE HIGHWAY
FORT PIERCE, FL 34946

TELEPHONE: (772) 489-7275
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May 14, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 31314

RE: Articles of Organization for Florida Limited Liability Company
Falls Inspection Service, LLC

Dear Madam/Sir:

Enclosed please find Articles of Organization for Florida Limited Liability Company for Falls Inspection Service, LLC, together with a check in the amount \$130.00 representing your filing for of \$100.00, Designation of Registered Agent fee in the amount of \$25.00, and \$5.00 for a Certificate of Status.

Should you have any questions, please do not hesitate to contact me.

Sincerely,



Karen Hampson
Legal/Administrative Assistant

KEH/ss
Enclosures

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALLS INSPECTION SERVICE, LLC

ARTICLE II - Address:

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

Principal Office Address:

423 River Prado

Fort Pierce, FL 34946

Mailing Address:

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Warren H. Falls

Name

423 River Prado

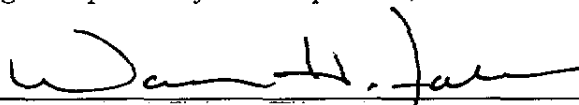
Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce, FL 34946

FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WARREN H. FALLS

423 River Prado

Fort Pierce, FL 34946

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a 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.)

Warren H. Falls

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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