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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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J. BRYAN DEC 2 7 2004

FALCON DEVELOPMENT, LLC

March Sere

December 13, 2004

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Filing for Articles of Organization & Certificate of Status

To whom it may concern:

Please find the enclosed Filing for Articles of Organization & Certificate of Status and our check for:

FALCON DEVELOPMENT, LLC

4403 Vineland Rd, Suite B-15 Orlando, FL 32811 Phone 407-650-9100 Fax 407-650-1999

If you should need to contact me, please call the office at phone number 407-650-9100.

Thank you.

Sincerely,

Matthew Falconer

Falcon Development, LLC

FALCON DEVELOPMENT, LLC

4403 Vineland Rd, Suite B-15 Orlando, FL 32811 Phone 407-650-9100 Fax 407-650-1999

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
T. D
TACOAN DEVELOPMENT (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: MATTHEW FACAMEM (Name of Person)
Please return all correspondence concerning this matter to the following:
MATTHEW FALCONEL SEE 5
(Name of Person)
FALCON DEVELOPMENT, LLC (Firm/Company)
(Firm/Company)
4403 VINELAND RD, STE B-15
(Address)
ORLANDO, FL 3.2811 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MATTHOW FALCONOR #1 407, 650-9100
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORING LIMITED LABORTY COMPA

FLORIDA LIVILLED LIA	ABILITY CONTANT
ARTICLE I - Name: The name of the Limited Liability Company is:	ABILITY COMPANY
FALCON DEVELOPMENT	() ()
ARTICLE II - Address: The mailing address and street address of the prince	ALOKS STATE
Principal Office Address:	Mailing Address:
	4403 VINELAND RD
	SUITE B-15
	ORLANDO, FL 32811
MATTHEW FAL Name 463 VINELAN Florida street address (P.O. B	D DD STE B-15 OX NOT acceptable)
	FLORIDA 328/1
been named as registered agent and to accept service by at the place designated in this certificate, I hereby act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar w registered agent as provided for in Chap	accept the appointment as registered agent and ne provisions of all statutes relating to the proper ith and accept the obligations of my position as
Registered Agent's Sig	gnature

Page 1 of 2 (CONTINUED)

•	
ARTICLE IV- Manager(s) or Ma	naging Member(s): Iger or Managing Member is as follows: Name and Address:
The name and address of Cach Malia	igor of Wallaging Wichioci is as follows.
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGPM_	MATTHEN FALLDNER 4403 VINETAND RD, STE B-15 ORLAND, FL 32811
ngi amin	
(Use attachment if necessary)	
NOTE: An additional article mus	t 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 of this document constitutes that the facts stated herein a	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
MATT _t Typed c	THE FALCOUPE

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)