

L04000092991

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PICK-UP WAIT MAIL

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2004 DEC 16 PM 4:46
CORPORATIONS
FLORIDA
TALLAHASSEE

12-16-04 09:23:00 #43384514

J. BRYAN DEC 27 2004

FALCON DEVELOPMENT, LLC

December 13, 2004

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

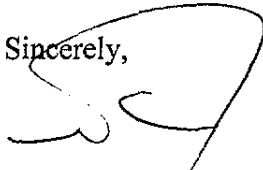
FALCON DEVELOPMENT, LLC

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

SUBJECT: FALCON DEVELOPMENT, LLC
(Name of Limited Liability Company)

2004 DEC 16 PM 4:46
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW FALCONER
(Name of Person)

FALCON DEVELOPMENT, LLC
(Firm/Company)

4403 VINELAND RD, STE B-15
(Address)

ORLANDO, FL 32811
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW FALCONER at (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
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALCON DEVELOPMENT, 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:

4403 VINELAND RD
SUITE B-15
ORLANDO, FL 32811

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

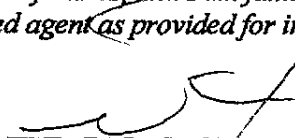
The name and the Florida street address of the registered agent are:

MATTHEW FALCONAR
Name

4403 VINELAND RD, STE B-15
Florida street address (P.O. Box NOT acceptable)

ORLANDO, FLORIDA 32811
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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2004 DEC 16 PM 4:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

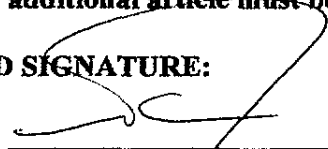
MGRM

MATTHEW FALCONER
4403 VINELAND RD, STE B-15
ORLANDO, FL 32811

(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.)

MATTHEW FALCONER

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)