

L050000 34495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

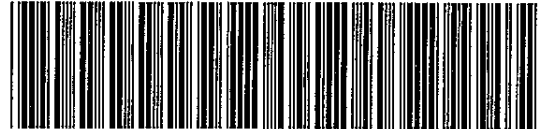
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W05-14487

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 APR -8 PM 2:22

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03/18/05--01014--003 **130.00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MaltaCorp Properties, 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:

Dan Maltese
(Name of Person)

Malta Corp Properties, LLC
(Firm/Company)

6166 Seaside Drive
(Address)

New Port Richey, FL 34652
(City/State and Zip Code)

SECRET
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Dan Maltese at (727) 688-1385
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 21, 2005

DAN MALTESE
6166 SEASIDE DRIVE
NEW PORT RICHEY, FL 34652

SUBJECT: MALTA CORP PROPERTIES, LLC
Ref. Number: W05000014487

We have received your document for MALTA CORP PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 005A00019054

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Falcon Properties, 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:

6166 Seaside Drive
New Port Richey, FL 34652

Same

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

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

Dan Maltese

Name

6166 Seaside Drive

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

New Port Richey FL 34652

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..

Dan Malto

Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

MGR 25%

Nick Maltese
1520 N. Crooked Branch Dr.
Lecanto, FL 34461

MGR 25%

Patti Maltese
1520 N. Crooked Branch Dr.
Lecanto, FL 34461

MGRM 25%

Dan Maltese
6166 Seaside Dr.
New Port Richey, FL 34652

MGR 25%

Lisa A. Maltese
6166 Seaside Drive
New Port Richey, FL 34652

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Dan Maltese

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.)

Dan Maltese

Typed or printed name of signee

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)

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TALLAHASSEE, FLORIDA