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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

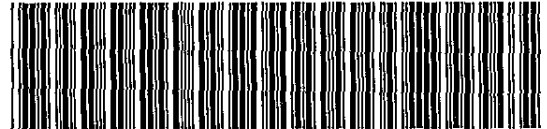
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Certificates of Status _____

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DIVISION OF CORPORATION

05 MAY 24 AM 11:28

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05 MAY 24 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Falconer Credit Shelter, LLC

05 MAY 24 PM 12:53
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name SP Date 5/24/05 Time 9:50

Walk-In

Will Pick Up

Courier

ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

FILED
05 MAY 24 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Each undersigned, for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, does hereby certify as follows:

ARTICLE I - NAME

The name of the Limited Liability Company is: FALCONER CREDIT SHELTER, L.L.C. ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 7173 Wild horse Circle, Sarasota, FL 34241

ARTICLE III - DURATION

The existence of the Company shall commence upon the date of execution of this instrument, which shall be within five (5) business days prior to filing hereof. The period of duration for the Company shall be: perpetual.

ARTICLE IV - REGISTERED AGENT AND OFFICE

The name and street address of Company's initial registered office in the state is:
Ronald W. Falconer, Jr., 7173 Wild horse Circle, Sarasota, FL 34241.

ARTICLE V - MANAGEMENT

The Company is to be managed by one or more members, and the name and address of each is:

Ronald W. Falconer, Jr., Co-Trustee, Ronald W. Falconer Credit Shelter Trust dated April 8, 1993, 7173 Wildhorse Circle, Sarasota, FL 34241.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: No additional member(s) shall be admitted to the Company without written consent of all members of the Company and on such terms and conditions as shall be determined by all members, except as otherwise provided in the Company's regulations initially executed by all members.

ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

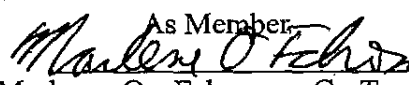


The right, if given, of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be: The business of the Company may be continued only by written consent of all remaining members, except as otherwise provided in the Company's regulations initially executed by all members.

IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on May 23, 2005.



Ronald W. Falconer, Jr., Co-Trustee, Ronald W. Falconer Credit Shelter Trust dated April 8, 1993

As Member


 POA Dated  by 

Marlene O. Falconer, Co-Trustee, Ronald W. Falconer Credit Shelter Trust dated April 8, 1993

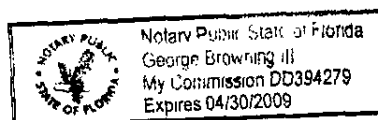
As Member

STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 23 day of May, 2005, by Ronald W. Falconer, Jr., and Marlene O. Falconer, who is personally known to me or who has produced _____ as identification. By POA shown above.


Notary Public

My Commission Expires:



ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY

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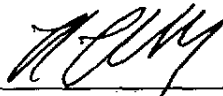
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ARTICLE VII - MEMBERS RIGHTS TO CONTINUE BUSINESS

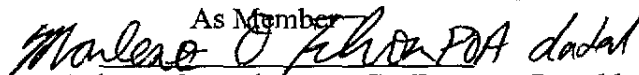
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IN WITNESS WHEREOF, the undersigned executed this instrument affirming under penalties of perjury that the facts stated herein are true on May 23, 2005.



Ronald W. Falconer, Jr., Co-Trustee, Ronald W. Falconer Credit Shelter Trust dated April 8, 1993

As Member

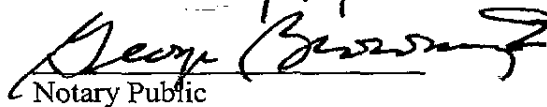


Marlene O. Falconer, Co-Trustee, Ronald W. Falconer Credit Shelter Trust dated April 8, 1993

As Member

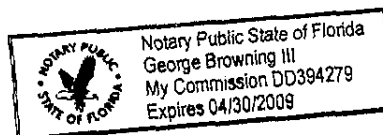
STATE OF FLORIDA
COUNTY OF SARASOTA

SWORN TO and subscribed before me this 23 day of May, 2005, by Ronald W. Falconer, Jr., and Marlene O. Falconer, who is personally known to me or who has produced _____ as identification. *by POA shown above*



Notary Public

My Commission Expires:



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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FALCONER CREDIT SHELTER, L.L.C.
2. The name and address of the registered agent and office is: Ronald W. Falconer, Jr., 7173 Wildhorse Circle, Sarasota, FL 34241.

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.

DATED this 23 day of May, 2005.



Ronald W. Falconer, Jr.