

Florida Department of State

Division of Corporations
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To:

Bivision of Corporations

Eax Number : (850)205-0383

Fram:

Account Name : PROSKAUER ROSE LLP

Account Number : 074673001063

Phone : (561)995-4751

Fax Number : (561)241-7145

M. HODGES

LIMITED LIABILITY COMPANY

FAULKNER FAMILY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: FAULKNER FAMILY INVESTMENTS, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Faulkner Capital Management, LLC, 790 E. Broward Boulevard, Suite 201, Fort Lauderdale, FL 33301.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Corporate Creations Network, Inc. 11380 Prosperity Farms Road Suite 221E Palm Beach Gardens, FL 33410

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.

F.CAMMINA VILL MOVINGIT

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

Signature

(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.)

J. Doubles Faulkner, Managing Member Typed or printed name of signee 05 JUL 20 PH 3: 36

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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:	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	J. Douglas Faulkner
	790 E. Broward Boulevard, Suite 201 Fort Lauderdale, FL 33301
(Use attachment if necessary)	
NOTE: An additional article must be a	dded if an effective date is requested.
REQUIRED SIGNATURE:	
Eigenstore of a partition or an au	theriand representative of a creamber.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penaltics of perjury are true.)

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)

J. Douglas Faulkner

Page 2 of 2

Typed or printed name of signee

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