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COVER LETTER

TO:	Registration Se Division of Cor				
SUBJECT: Falcon Acquisitions, 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:					
	Chase Y	. Clark			
•		(1	Name of Person)		
Falcon Investment Corporation of Tamp					
•		(!	Firm/Company)		
Post Office Box 290431					
			(Address)		
Tampa, Florida 33687					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Chase Clark at (813) 7894130					
CHE		of Person)	at (813) 78941 (Area Code & Daytime To	elephone Number)	
	(* 100020	0110000)	(, , , , , , , , , , , , , , , , , , ,	,	
Enclos	sed is a check fo	or the following amount:			
□ \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Falcon Acquisitions, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8002 Terrace Ridge Dr Temple Terrace, FL 33637	Post Office Box 290431 Tampa, FL 33687
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Chase Y. Clark	TAL
Name	
8002 Terrace Ridge Drive Florida street address (P.O. Box NOT acceptable)	
Temple Terrace City, State, a	Drive ress (P.O. Box NOT acceptable) FL 33637 Ind Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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	Chase Y. Clark 8002 Terrace Ridge Drive Temple Terrace, FL 33637				
MGRM	Peter K. Murphy 13022 Terrace Brook Place Temple Terrace, FL 33637				
MGRM	Douglas E. Bilbo 10563 Cory Lake Drive Tampa, FL 33647				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)					
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.)					

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)

Chase Y. Clark

Typed or printed name of signee