

# L20000221441

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA  
Account Number : I20050000145  
Phone : (813)988-5500  
Fax Number : (813)988-5510

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: nathan@nltlaw.com

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2020 JUL 31 PM 4:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

2020 JUL 31 PM 4:49

## FLORIDA LIMITED LIABILITY CO. Faulk Family LLC

Certificate of Status	1
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Estimated Charge	\$160.00

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Help

ARTICLES OF ORGANIZATION  
OF  
FAULK FAMILY LLC

ARTICLE I - NAME

The name of the limited liability company is Faulk Family, LLC. ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1302 Orange Ave.  
Winter Park, Florida 32789

Mailing Address:

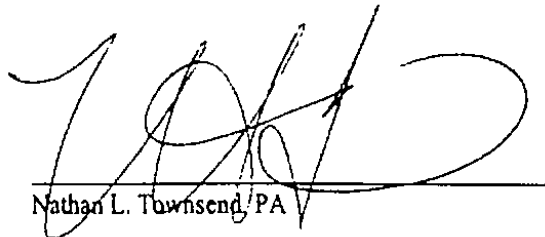
1302 Orange Ave.  
Winter Park, Florida 32789

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Nathan L. Townsend, PA  
1000 Legion Place., Ste. 1200  
Orlando, Florida 32801

*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 605, F.S.*



Nathan L. Townsend, PA

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Name and Address:

Thomas A. Thomas  
1302 Orange Ave.  
Winter Park, Florida 32789

REQUIRED SIGNATURE:



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Thomas A. Thomas

\_\_\_\_\_  
Typed or printed name of signee