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Falcon Land Hole	dings. LLC	
		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
		Cent. Copy
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		Certificate of Good Standing
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		Fictitious Search
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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO:	New Filing Se Division of Co			
	Falcon	Land Holdings, LLC		
SUBJI	ЕСТ:			
		Name of Lin	nited Liability Company	
The en	iclosed Articles of	f Organization and fee(s) are	e submitted for filing.	
Please	return all corresp	ondence concerning this ma	atter to the following:	
	Alberto	Fernandez Falcon		
	_		Name of Person	
		<u> </u>	Firm/Company	· · ·
	814 NW 3	6th Avenue, Suite	• •	
		·	Address	
	міаті, F	L 33125		
	alberto_8	7_12@hotmail.com	ity/State and Zip Code	
		E-mail address: (to be used	for future annual report notificat	ion)
For furth	her information co	oncerning this matter, please	e call:	
		uarez-Solis, 78	86 623-2810	
			rea Code Daytime Telephor	
Enclos	ed is a check for t	he following amount:		
	5.00 Filing Fee	□S130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$140.00 William Eas
20312	5.00 Filling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address	Street Address	
	New I	Filing Section	New Filing Section D	
	Divisi	on of Corporations	The Centre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	I NOTE:		·		B 7	
А	КΙ	11		 -	· .	ame

The name of the Limited Liability Company is:

Falcon Land Holdings, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "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:

814 NW	36tl	1 Avenue,	Suite	204	
Miami,	FL	33125			

814 NW 36th Avenue, Suite 204 Miami, FL 33125

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Alberto Fernandez Falcon

Name

814 NW 36th Avenue, Suite 204

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

Miami FL 33125
City State 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 605, F.S..

DocuSigned by:

Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

_	<u>litle:</u>	Name and Address:	
	AMBR" = Authorized M	ember	
	MGR" = Manager		
	MGR	Alberto Fernandez Falcon	
		814 NW 36th Avenue, Suite 204 Miami, FL 33125	
ı	MGR	Rene Sanchez	
-		Rene_Sanchez 13190_Sw_134th_St,_Suite_103	
		Miami,_FL33186	
_			
_			
(1	Line attachement (Carren)	
(,	Use attachment if necessa	шу)	
ARTICLE	V: Effective date, if other	er than the date of filing: (OPTIONAL)	
If an effec	tive date is listed, the da	ite must be specific and cannot be more than five business days prior to or 90 days aft	er
he date of			
		ock does not meet the applicable statutory filing requirements, this date will not be listed	as
he docum	ent's effective date on th	e Department of State's records.	
RTICLE	VI: Other provisions, if a	uny	
	•	······································	
	·· ·		
11	NEATHDEN CION ATH	ne.	
<u>r</u>	REOUIRED SIGNATUI	RE:DocuSigned by:	
	Sign	nature of a member or an authorized representative of a member.	
	This docu	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	
	I am awar	e that any false information submitted in a document to the Department of State	
	constitute	s a third degree felony as provided for in s.817.155, F.S.	
	Al	berto Fernandez Falcon	
		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)