

# L23000559572

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: fallonadvisory@gmail.com

## FLORIDA LIMITED LIABILITY CO.

### Fallon Advisory LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

2023 DEC 22 PM 4:50

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FLORIDA

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T.J.H

12/27/23

# ARTICLES OF ORGANIZATION

## FOR

### FALLON ADVISORY LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I.

##### Name

The name of the limited liability company is: Fallon Advisory LLC (the "Company").

#### ARTICLE II.

##### Address

The principal office and mailing address of the Company is:

1730 S Federal Hwy, PMB #305  
Delray Beach, FL 33483

#### ARTICLE III.

##### Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the Registered Agent are:

Luke W. Fallon  
1730 S Federal Hwy, PMB #305  
Delray Beach, FL 33483

*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.*

*Luke Fallon*

(sign)

Luke W. Fallon

2023 DEC 22 PM 10:35

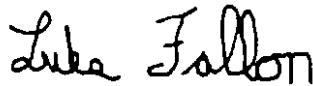
**ARTICLE IV.**  
**Authorized Members and Managers**

The name and address of each person authorized to manage and control the limited liability company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
MGR	Luke W. Fallon 1730 S Federal Hwy, PMB #305 Delray Beach, FL 33483

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**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.

\_\_\_\_\_  
Luke W. Fallon

Authorized Representative/Member

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