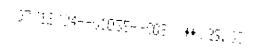
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: FALKNER ROWING, 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:
Stefanie Falkner
Name of Person
Firm/Company
1364 NF Croton St
1364 NE Croton St
Jensen Beach FL 34957
Jensen Beach FL 34957 City/State and Zip Code Stefanie jfalkner@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stefanie Falkner at 772, 432 932-1624
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FALKNER ROI	NING, LLC.		
	Limited Liability Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Li	iability Company is:	
Principal Office Addre		Mailing Address:	
1364 NE CROTON JENSEN BEHCH 34957	ST Sai	ne as principaladdre	<i>.</i>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida re	its own Registered Agent. Yo	s Signature: ou must designate an individual or	
The name and the Florida street address of the re	egistered agent are: Hefanie Falki Name	ner	
	Name	,	
1364	NE CROTON	Ji	
Florida stree	t address (P.O. Box NOT acc	eptable)	
JENSE	ENBEACH FL	- 34957	
Ci	ty State	Zip	
Having been named as registered agent and to acceptace designated in this certificate, I hereby accept further agree to comply with the provisions of all s am familiar with and accept the obligations of my	the appointment as registered tatutes relating to the proper a	agent and agree to act in this capacity. I nd complete performance of my duties, and I provided for in Chapter 605, F.S	

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

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

Typed or printed name of signee

Sance Falkner

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)