

L990000008482

JONATHAN B. ALPER

ATTORNEY AT LAW  
274 KIPLING COURT  
HEATHROW, FL 32746

TELEPHONE: (407) 444-0404  
E-MAIL: ALPERLAW1@AOL.COM

December 1, 1999

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

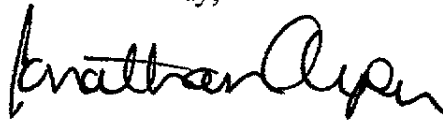
500003060625--0  
-12/03/99--01100--003  
\*\*\*\*125.00 \*\*\*\*125.00

RE: TOM FALLETTA & ASSOCIATES, L.L.C.

Dear Sirs:

Enclosed are the original and one copy of the Articles of Organization for TOM FALLETTA & ASSOCIATES, L.L.C. and a check in the amount of \$125 for filing fees. Please return a file date stamped copy in the envelope provided.

Sincerely,



Jonathan Alper

JBA:jjr  
cc: Tom Falletta

FILED  
99 DEC -3 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-1-99

**ARTICLES OF ORGANIZATION**  
**FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name of the Limited Liability Company is **TOM FALLETTA & ASSOCIATES, L.L.C.**

ARTICLE II - ADDRESS

The mailing address of the principal office of the Limited Liability Company is 7326 Woodknot Court, Orlando, Florida 32835 and the street address is 7326 Woodknot Court, Orlando, Florida 32835.

ARTICLE III - MANAGEMENT BY MEMBERS

The Limited Liability Company is to be managed by the Members.

ARTICLE IV - LIMITATION ON AGENCY AUTHORITY OF MEMBERS

No member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contract liability on behalf of the company solely by virtue of being a member.

ARTICLE V - REGULATIONS MUST BE IN WRITING

Any Regulations relating to this limited liability company must be in writing and signed by all members.

ARTICLE VI  
EFFECTIVE DATE

The effective date of these Articles of Organization shall be upon filing

  
Jonathan Alper  
Authorized Representative

**FILED**  
99 DEC -3 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

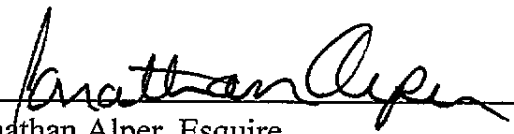
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **TOM FALLETTA & ASSOCIATES, L.L.C.**

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

Jonathan Alper, Esquire  
274 Kipling Court  
Heathrow, Florida 32746

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated on 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.

  
Jonathan Alper, Esquire  
Registered Agent

**FILED**  
99 DEC -3 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA