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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: P. Fallon Ele		nited Liability Company)	
	istence, and check are s	ability Company for Authoriz ubmitted to register the above	
Please return all correspor	ndence concerning this r	natter to the following:	
Chris Kill	meyer		
	(Na	ame of Person)	Dia
API Proce	essina		07 FEE
	· · · · · · · · · · · · · · · · · · ·	rm/Company)	EB 26
<u>3419 Ga</u>	3419 Galt Ocean Drive, Suite A		
		(Address)	AHH: 20 OF STATE FROMIDA
Fort Lau	derdale, FL 33308		
	(City/S	tate and Zip Code)	
For further information co	oncerning this matter, plo	ease call:	
Chris Killmeyer		at (954) 567-001	3
(Na	nme of Person)	(Area Code & Daytime	Telephone Number)
MAILING ADDI Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle
Enclosed is a check for the ☐\$125.00 Filing Fee		-	\$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

P. Fallon Electri	c, LLC	SINTHE STATEOF FLORIDA
	(Name of Foreign 1	limited Liability Company)
New York		3, 20-3459983
(Jurisdiction under to company is organize	the law of which foreign limited led)	fability (FEI number, if applicable)
9/12/2005		5. Perpetual
(Date	e of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon Licensul	re	
	(Dete first transacted busin	ess in Florida, if prior to registration.) .502 F.S. to determine penalty liability)
27 Shelton Co	ourt, Commack, NY 11725	
27 Shelton Co	urt, Commack, NY 11725	ARE EB
	(Street	Address of Principal Office)
If limited linkili	it. anmony is a monoces.m	
II IIIIII WALIMOII	" Company to a manager "	anaged company, check here 🗹 💢 😤
ine name and t		ite individue members of managers are as tono described
Patrick G. Falk	on - Manager - 27 Shelton C	the managing members or managers are as follows ourt, Commack, NY 11725
Patrick G. Falk	on - Manager - 27 Shelton C	ourt, Commack, NY 11725
Patrick G. Falk	on - Manager - 27 Shelton C	ourt, Commack, NY 11725
Patrick G. Falk	on - Manager - 27 Shelton C	ourt, Commack, NY 11725
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Patrick G. Falk D. Attached is an original content of the content of the content of the content or the content of the content	on - Manager - 27 Shelton C	ourt, Commack, NY 11725 ethan 90 days old, duly authenticated by the official having custody of reco
Patrick G. Falk O. Attached is an originary circle of the content	on - Manager - 27 Shelton C	ourt, Commack, NY 11725 e than 90 days old, duly authenticated by the official having custody of recorphotocopy is not acceptable. If the certificate is in a foreign language, a
Patrick G. Falk O. Attached is an original purisdiction under the anslation of the certificans and the certificans are set of the certificans and the certificans are set of the certi	inal certificate of existence, no more he law of which it is organized. (A leate under eath of the translator mu	e than 90 days old, duly authenticated by the official having custody of recorphotocopy is not acceptable. If the certificate is in a foreign language, a st be submitted.)
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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.

	The name of the Limited Liability Company is: P. Fallon Electric, LLC	
2.	. The name and the Florida street address of the registered agent and office are:	
	MAYACHATERHON PAUL VI SNEADER	%-7°
	(Name) SEC BON HOL TSIC DY. Florida Street Address (P.O. Box NOT ACCEPTABLE)	2
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	A COLUMN TO A COLU

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 608, Florida Statutes.

(aignature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.06 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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State of New York Department of State } ss:

I hereby certify, that P FALLON ELECTRIC, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/12/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of February two thousand and seven.

Special Deputy Secretary of State

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TALLAHASSET LORIDA