

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration S Division of Co				
SUBJ	Clint	Walding, LLC			
SUBJ.	ECI:		ed Liability Com	pany	
The en	nclosed Articles o	f Organization and fec(s) are s	submitted for filir	ng.	
Please	return all corresp	ondence concerning this matt	er to the followin	ıg:	
	Clint C.	Walding			
			Name of Person		
	Clint W	alding, LLC			
			Firm/Company		
	23850 N	NE 130th Ct.	Rd.		
			Address		
	Ft. McC	oy, FL 32134			
	clint wal	ding@ffbic.com	y/State and Zip Co	de	
	Ciliti.wait	E-mail address: (to be used t		port notification)	
For fu	rther information	concerning this matter, please	call:		
Cli	nt Waldi	ng	352	<u>552-6</u>	072
	Name	of Person	Area Co	de & Daytime Tel	ephone Number
Enclo	sed is a check fo	or the following amount:			
	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fil Certified C (additional co	-	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Addressation Section of Corporation Building xecutive Center ussee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the	Limited Liability (Company is:	
Clint Walding, LL			
	(Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - The mailing add		ress of the principal office of the Limit	ed Liability Company is
Principal Office	e Address:	Mailing Address:	
23850 NE 130th (Ft. McCoy, FL 32			
(The Limited Liability business entity with	y Company cannot serve a an active Florida registrat	•	individual or anoffler
The name and th		dress of the registered agent are:	
	Clint C. Walding	Name	166 166
	23850 NE 130th	Ct. Rd.	-
	Fļ.	orida street address (P.O. Box NOT acceptabl	e)
	Ft. Mccoy	_{FL} 32134	
		City, State, and 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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR	Clint C. Walding
	23850 NE 130th Ct. Rd.
	Ft. McCoy, FL 32134
Use attachment if necessary)	
EV. Effective date if other than t	the date of filing: <u>01/01/2013</u> . (OPTIO
fective date is listed, the date mu	ust be specific and cannot be more than five busi

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Clint C. Walding

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)