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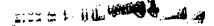
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Walter & Sons 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:
Brandon Allen
Name of Person
Walter & Sons
Firm/Company
QC18 Travis Civ
Address
Tallahassee FL 32803
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lanessa Allen at (850) 850 845-7509
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Walter & S. (Must end v	ons LLC with the words "Limited Lia	bility Compan	y, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and street ac	ddress of the principal office	of the Limite	d Liability Company is:	
<u>Princips</u>	al Office Address:		Mailing Addre	ess:
2018 Travis Tall FL 323	cir 303		same	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own Registive Florida registration.) address of the registered age	ent are: Allename	You must designate an ind	Is JUL 1 Fr. 3.
	30les cons			一一一一一一
	Florida street address (P.	.о. вох <u>кот</u>	3230 3	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appoints ovisions of all statutes relati	ment as registe ng to the prope	red agent and agree to act i er and <u>co</u> mplete performand	in this capacity. I ce of my duties, and I

Page 1 of 2

<u> Citle:</u>		Name and Address:
	thorized Member	
MGR" = Man	ager AMBR	Brandon Alen
	7,1000	2018 Travis Ci
		Tall FL 32303
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V: Effective ctive date is li	sted; the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 9
EV: Effective ctive date is liftling.) the date insertent's effective	date, if other than the date of sted; the date must be speci	fic and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no
EV: Effective ctive date is liffiling.) the date insertment's effective VI: Other pro	date, if other than the date of isted; the date must be specied in this block does not meet a date on the Department of	fic and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no
EV: Effective ctive date is liffiling.) the date insertment's effective VI: Other pro	date, if other than the date of isted; the date must be specied in this block does not meet a date on the Department of ovisions, if any. SIGNATURE: Signature of a mem This document is executed I am aware that any false in constitutes a third degree for the steel of the steel	fic and cannot be more than five business days prior to or 9 et the applicable statutory filing requirements, this date will no