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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED
SUBJECT: Walter L. Sutton, LLC (Name of Limited Liability Company)	04 MAR -8 PM 1:3 SECRETARY OF STATE TALLAHASSEE, FLORE
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Walter L. Sutton (Name of Person)	
(Firm/Company)	
3826 GATEWOOD LANE	
(Address) SAGAS OFA FL 34232 (City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Person) at (941) 371-7340 (Area Code & Daytime Telephone Num	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tailahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

04 MAR -8 PM 1:31

	OATHIN O THE TOTAL
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Walter L. Sutton, LLC	
ARTICLE II - Address: The mailing address and street address of the princip	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3826 GATEWOOD LANE	_SAME
3826 GATEWOOD LANE SAFASOTA, FC 34232	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist Walter L. Sut Name 3896 Contents	ton d Lane
Florida street address (P.O. Box	x <u>NOT</u> acceptable)
Sacasata	TOTA 34232

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..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED) ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 04 MAR -8 PM 1:31 Title: Name and Address: SECRETARY OF STATE TALLAHASSEE. FLORIDA "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Cartificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signes

that the facts stated herein are true.)