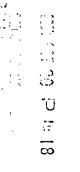
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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bu	usiness Entity Name)	
	ocument Number) Certificates of Status	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Registration Se Division of Cor				
SUBJECT: joandwalt	er, llc (Name of Limited	Liability Company)		
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.		
Please return all correspondence concerning this matter to the following:				
Sheldon	E. Friedman (N	fame of Person)		
Friedman, Dever & M		Firm/Company)		
	(1	inite Onipany)		
5555 Glenric	dge Connector, NE, Suite 92	25, Glenridge Highlands One (Address)	<u> </u>	
Atlant	a, GA 30342 (City/s	State and Zip Code)		
For further information of	concerning this matter, please o	eall:		
Sheldon E. Friedman		at (404) 236.8604	2103 PM	
(Name	of Person)	(Area Code & Daytime To	elephone Numbery	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ø \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy	
			(additional copy is enclosed)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
joandwalter, llc		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
Walter R. Benjamin	Walter R. Benjamin	
2502 Midway Road	2502 Midway Road	
Decatur, GA 30030	Decatur, GA 30030	
Janice B. Ghelerter 5307 Rollins Avenue	Name	
	a street address (P.O. Box NOT acceptable)	
Jacksonville, FL 322	07-7713 _{FL}	
C	ity, State, and Zip	
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co.	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S.	
Register	ed Agent's Signature	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	:
MGRM	Walter R. Benjamin
	2502 Midway Road
	Decatur, GA 30030
MGRM	Joan Benjamin-Farren
	46 Pleasant Street
	Sharon, MA 02067-1244
MGRM	Janice B. Ghelerter
	5307 Rollins Avenue
	Jacksonville, FL 32207-7713
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
She	land Tual nember or an authorized representative of a member.
of this documen	with section 608.408(3), Florida Statutes, the execution t constitutes an affirmation under the penalties of perjury stated herein are true.)
Sheldon E. Fr	iedman Edward
	Typed or printed name of signee
Filing Fees:	To the second se
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Options \$ 5.00 Certificate of Status (Options)	il)