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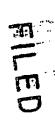
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
V	Office Use Onl	, , , , , , , , , , , , , , , , , , ,



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: E.J.Walters Services 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:	
Edmond J. Walters	
(Name of Person)	
E.J.Walters Services LLC	
(Firm/Company)	
P.O. Box 10636 (Address) Population FL 22524 0626	Î
(Address)	-
P.O. Box 10036 (Address) Pensacola, FL. 32524-0636	٢
(City/State and Zip Code)	
Pensacola, FL. 32524-0636 (City/State and Zip Code) For further information concerning this matter, please call:	
Edmond J. Walters at (850) 857-1918	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
·
E.J.Walters Services LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is

Prin	cipal	Office	Add	ress:

Mailing Address:

Edmond J. Walters	E.J.Walters Services LLC
8990 N. Davis Hwy. Unit 124	P.O. Box 10636
Pensacola, FL. 32514-5309	Pensacola, FL. 32524-0636

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Edmond J. Walter	3	. 20
	Name	題見力
8990 N. Davis H	vy. Unit 124	発星ア
Florida	street address (P.O. Box NOT acceptable)	75 F 17
Pensacola,	_{FL} 32514-5309	商星
City	, State, and Zip	FST

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:

"MGRM" = Managing Member	
MGR	Edmond J. Walters 8990 N. Davis Hwy. Unit 124
	Pensacola, FL. 32514-5309

(Use attachment if necessary)	
LE V: Effective date, if other than the	ne date of filing: (OPTIONA
fective date is listed, the date must	be specific and cannot be more than five business day
days after the date of filing.)	
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.)

Edmond J. Walters

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)