(Re	equestor's Name)		
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EXAMINER



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COVER LETTER

TO	Registration Section Division of Corporations
SUI	Wall Creations, a Division of wall systems, L
The	enciosed Articles of Organization and fee(s) are submitted for filing.
Plea	se return all correspondence concerning this matter to the following:
	RANDY D. WALD - Chairman (Name of Person)
	WALD Creation 5 a Division of WALD Systems
	9773 CobblesTove Creek Drive
	BOYNTON Beach FL 33472-4451 (City/State and Zip Code)
For	further information concerning this matter, please call:
R	AND WALD at (56) 742-2747 (Name of Person) (Area Code & Daytime Telephone Number
Enc	losed is a check for the following amount:
□ \$1	25.00 Filing Fee \$\times \text{\$\text{\$\text{\$\text{155.00 Filing Fee} & Certificate of Status} \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallabasee, FL 32314 Center Courier Address Registration Section Division of Corporations Clifton Building Tallabasee, FL 32314

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability
Principal Office Address:	Mailing Address:
9773 ColdBlackleds Drive Boynton Beach, FL 33472	BOYNTON BOGG, FL 334
BoyAn Bead City,	Name ONE Cleck Pelle reet address (P.O. Box NOT acceptable) FL 33472-4451 State, and Zip
liability company at the place designa registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above s ted in this certificate, I hereby accept the appo apacity. I further agree to comply with the pro- plete performance of my duties, and I am famil as registered agent as provided for in Chapter

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Man	ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MBRM	RANDY WALD 9713 COSSISTENCCIECE DR. BOYNTON BEACH, FL 33472-4451
MGRM	AdAM WALD 9713 CobblesTone Creek DR. Boywton Beach, PL 33472-4451
MGRM	ALISSA WALD 9773 Cobblestone Cleek Drive Boynton Beach, FL, 33411-4451
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	ne date of filing: (OPTIONAL) j be specific and cannot be more than five business days prio
REQUIRED SIGNATURE: Signature of a members.	ber or an authorized representative of a member.
of this document con that the facts stated	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury therein are true.)
(RAND)	Typed or printed name of signee

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)