

LO9000075509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600159213846

600159213846  
08/05/09--01014--015 \*\*160.00

EFFECTIVE DATE

8/2/09

09 AUG - 5 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

N. Oregon AUG - 6 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WALDEN FOODSERVICE SPECIALISTS 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:

LUKE WALDEN  
Name of Person

WALDEN FOODSERVICE SPECIALISTS LLC  
Firm/Company

2016 CRANE CT  
Address

NEW PORT RICHEY FL 34655  
City/State and Zip Code

Waldenfoodservice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUKE WALDEN at ( 727 ) 505-6483  
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    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

WALDEN FOODSERVICE SPECIALISTS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

2016 CRANE CT  
NEW PORT RICHEY FL  
34655

#### Mailing Address:

2016 CRANE CT.  
NEW PORT RICHEY FL  
34655

### 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:

LUKE WALDEN  
Name  
7645 ARLIGHT DR.  
Florida street address (P.O. Box NOT acceptable)  
NEW PORT RICHEY FL 34655  
City, State, and Zip

FILED  
09 AUG -5 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

Luke Walden

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

LUKE WALDEN  
7645 ARLIGHT DR.  
NEW PORT RICHEY FL. 34655

MGRM

JULIE WALDEN  
2016 CRANE CT.  
NEW PORT RICHEY FL 34655

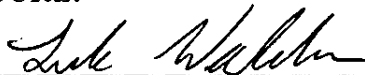
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/2/09 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)

LUKE WALDEN

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)

**FILED**  
09 AUG -5 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA