## Division of Corporations Page 1 of 1

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000264628 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Please retain original filing date of submission 115

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Effective Date |-|- 2013

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

alton Acquisitions FL LLC

## FLORIDA LIMITED LIABILITY CO. WALTON FLORIDA, LLC

6:5# 6:5#	FSTATE P	
RECEIVED	DEC -6 PINTE	SECRETANASSEE.

Certificate of Status	0
Certified Copy	0
Page Count	044
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY **EXAMINER** 

7 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

11/5/2012

PAGE 01/06

CT CORPORATION

2609889998

6b:91 Z10Z/90/Z1

## COVER LETTER

TO: Registration Section Division of Corporations

were Walton Acquisitions FL, 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:

## **Christine Silver**

Name of Person

Walton International Group (USA), Inc.

Firm/Company

4800 N. Scottsdale Rd., Ste. 4000

Addres

Scottsdale, AZ 85251

City/State and Zip Code

csilver@walton.com

E-mail address: (to be used for future annual report notification)

Por further information concerning this matter, please call:

Christine Silver

.480

586-9321

Name of Person

Arcs Code & Daytima Telephone Number

Enclosed is a check for the following amount:

**Q\$125.00** Filing Fee

☐\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

\$160.00 Filing Pee, Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, Pl. 32314

Sircet/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Conter Circle
Taliahaysee, PL 32301

72/06/2012 16:49 8656336092

ARTICLE I - Name:			
The name of the Limited Liability Com	ipany is:		
Walton Acquisitions FL, LLC			_
(Must and with the words "Lin	nited Liability Company, "L.L.C.," or	r"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	R	
4800 North Scottsdale Road	4800 North Scottsdei	e Road	· .
Suite 4000	Suite 4000		<b></b>
Scottedale, AZ 85251	Scottsdale, AZ 85261		_
The name and the Florida street address  CT Corporation System	s of the registered agent are:	<del></del>	SECRETARY OF
1200 South Pine leignd	Doud		FLOR STA
	street address (P.O. Box NOT ac	centable)	
Plantation,	FL 38324		<b>O O</b>
	City, State, and Zip	,	
	City, State, and Zip		•
Having been named as registered agen liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my position.	t and to accept service of pro nated in this certificate, I here is capacity, I further agree t complete performance of my	sby accept the appo to comply with the p duties, and I am fo	intment us provisions of miliar with er 608, F.S.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MQR Walton International Group, Inc. 4800 North Scottsdale Road, Suite 4000 Scottsdale, AZ 85251 (Use attachment if necessary) \_ (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 ab 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.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, P.S.) Typed or printed name of signee Filing Foes: \$125.00 Filing Pee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional) Page 2 of 2

J2/06/2012 16:49 8656336092

PAGE 06/06

FLO12 - 01/19/2013 CT System Critics