

L5000067940

(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



500271671595

04/17/15--01006--024 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CONSULAR AFFAIRS

15 APR 17 PM 12:03

ACKNOWLEDGE  
TO ADEQUATE  
SUFFICIENCY OF FILINGS

FILED

15 APR 17 PM 10:51

APR 20 2015

S. YOUNG

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**WALLS WAY PROPERTIES, LLC**

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ LLC

**Formation**

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name \_\_\_\_\_

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ CUS

☐ After 4:30

☒ Pick Up

**Order#**

**9514827**

Ref#:

Amount: \$

4/17/2015

**KM**

FILED  
APR 17 2015  
TALLAHASSEE, FL  
CLERK OF COURT

**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

**WALLS WAY PROPERTIES, LLC**

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ **LLC**

**Formation**

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name

Availability \_\_\_\_\_

Document

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ CUS

☐ After 4:30

☒ Pick Up

**Order#**

**9514827**

Ref#:

Amount: \$

4/17/2015

**KM**

FILED  
15 APR 17 12:05  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Walls Way Properties, 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:

Thomas Luzier, Esq.  
Name of Person

Dunlap & Moran, PA  
Firm/Company

P.O. Box 3948  
Address

Sarasota, FL 34230  
City/State and Zip Code

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

For further information concerning this matter, please call:

Thomas Luzier, Esq. at ( 941 ) 928-7929  
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

FILED  
15 APR 17 11:10:51

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Walls Way Properties, 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:**

1 E. 66th St., Apt 5E  
New York, NY 10065

**Mailing Address:**

1 E. 66th St., Apt 5E  
New York, NY 10065

**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.)

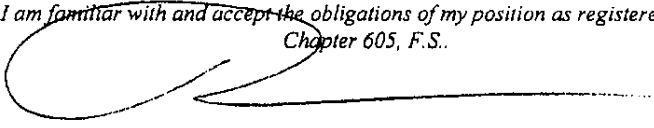
The name and the Florida street address of the registered agent are:

Thomas Luzier, Esq.  
Name

22 S. Links Avenue, Suite 300  
Florida street address (P.O. Box **NOT** acceptable)

Sarasota FL 34236  
City Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 APR 17 11:05:51  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE OF FLORIDA  
SARASOTA COUNTY

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Okleigh Thorne

1 East 66th St., Apt. 5E

New York, NY 10065

MGR

Karl Wamsler

1 East 66th St., Apt. 5E

New York, NY 10065

MGR

David Welles

1 East 66th St., Apt. 5E

New York, NY 10065

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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 s.817.155, F.S.)

Thomas B. Luzier, Esq.

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)

15 APR 17 13:10:51

FILED