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AUG 0 3 2015

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tyler Walters L.S. UC 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:
Tyler Walters Name of Person
Tyler Walters LS Firm/Company
2212 Sabal Palm Dr Address
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tyler Walter at (386) 689-6463  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

New Filing 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:

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

15 JUL 29 AM 7: 53
<u>LLC                                   </u>
lity Company ( See or (U.G.))
of the Limited Liability Company is:
Mailing Address:
2212 Sabal Jalm Dr. Edgewater, FL
gistered Agent's Signature: tered Agent. You must designate an individual or
,

2212 Sabal Palm Dr Florida street address (P.O. Box NOT acceptable)

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FILED

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..

(CONTINUED)

Registered Agent's Signature (REOUIRED)

Page 1 of 2

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

<b>Title:</b> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Tyler Walters 2212 Sabul Palm Dr Edgewater, FL 32141	
(Use attachment if necessary)		
the date of filing.)	and cannot be more than five business days prior to or 90 days after e applicable statutory filing requirements, this date will not be listed as	
ARTICLE VI: Other provisions, if any.	· •	
REOUIRED SIGNATURE:		
This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.	

as

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)