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(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:	
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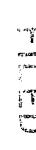
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Walnut Town Investments, 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:
MiMi A. Balch Name of Person
Walnut Town Investments, LLC Firm/Company
1912 NW 133rd Terrace
Gaines ville, FL 32606 City/State and Zip Code minibal ch @ gmail. com
minibal ch @ a nail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mimi A. Balch at (352) 672-4237 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

another business entity with an a	ective Florida registration.)					
The name and the Florida street	address of the registered age	nt are:				
	Mini A.	Bulch	Λ			
	Na	me	- 1			
	1912 HW 1	33rd T	errace			
	Florida street address (P.	O. Box NOT	acceptable)			
	<u>Gainesville</u>	FL	33606			
	City	State	Zip			
Having been named as registered of place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the appointing ovisions of all statutes relating ligations of my position as re	nent as registering to the propagistered agen	red agent and agree to a er and complete perform	act in this capacity. I ance of my duties, and		
	(C	ONTINUED)	ΙΑ̈́		
		Page 1 of 2		ECRETARY LLAHASSE	5 SEP 16	etinet race commences of continue
				Fer 57 57 57 57 57 57 57 57 57 57 57 57 57	PM 4	i q f

Mailing Address:

Citle: AMBR" = Authorized Member	Name and Address:
MGR" = Manager	Mini A, Balch 1912 NW 133rd Terrace Gamesville FL 32606
AMBR	Blake A. Thompson 1912 NW 133rd Terrace Gamesville, FL 32606
	SE CRE
Use attachment if necessary)	
EV: Effective date, if other than to ctive date is listed, the date muse filling.) the date inserted in this block does nent's effective date on the Deparation.	t be specific and cannot be more than five business days prior to or 40 is not meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than to tive date is listed, the date mus filling.) the date inserted in this block does nent's effective date on the Deparation.	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rement of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depa EVI: Other provisions, if any. REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not retment of State's records.
EV: Effective date, if other than to ctive date is listed, the date must filing.) the date inserted in this block does nent's effective date on the Depart EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature This document is I am aware that a	t be specific and cannot be more than five business days prior to or 90 es not meet the applicable statutory filing requirements, this date will not rement of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)