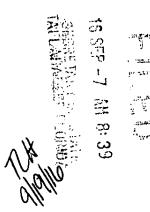


(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	. <u>-</u>	





09/07/16--01011--018 **130.00



COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	WallKeepers, LLC		•	
		lame of Limited Liabi	lity Company	
The enclo	osed Articles of Organization ar	nd fee(s) are submitted	l for filing.	
Please ret	urn all correspondence concern	ning this matter to the	following:	
	Stacy J. Robbins, Controller			
		Name of	Person	
	WallKeepers			
		Firm/Co	onipany	
	2915 S. Congress Ave. Ste E	ЗН		
		Addr	ress	
	Delray Beach, FL 33445			
	stacy@photoandgo.com	City/State an	d Zip Code	
		(to be used for future a	nnual report notificat	ion)
For further	information concerning this ma	ntter, please call:		
	stacy robbins	56) at (226-4412	
	Name of Person		Daytime Telephor	e Number
Enclosed	is a check for the following am	ount:		
\$125.001	Filing Fee S130.00 Filing Certificate of	Status ——Certifi	00 Filing Fee & [ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

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 Liabili	ty Company is:			
WallKeepers, LLC (Must end	with the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lim	nited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
2915 S. Congress Av Delray Beach, FL 3.			same	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own active Florida registration	Registered Age on.) agent are:	Agent's Signature: ent. You must designate an individual or	
	1201 Hayes Street			
	Florida street addres	s (P.O. Box <u>NO</u>	OT acceptable)	
	Tallahasse	FL	32301	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pi	I hereby accept the approvisions of all statutes repligations of my position	ointment as regi	r the above stated limited liability company at the istered agent and agree to act in this capacity. I oper and complete performance of my duties, and tent as provided for in Chapter 605, F.S	
			Dawn Frantz, Asst. Sec.	

(CONTINUED)

Page 1 of 2

16 SEP - 7 M 8: 39

Use attachment if necessary) Use attachment if necessary) EV: Effective date, if other than the date of filing: August 01, 2016 (OPTIONAL) (OPTIONAL) (Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the date inserted in the Department of State's records. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes, 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, F.S. Teddy Strubl 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)	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:	
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ARTICLE IV-