

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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K. PACE

OCT 22 2019



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FILED
2819 OCT 22 PM 3: 47

## COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	CCT: Walters Painting LLC Name of Limited Lability Company
The en	closed Articles of Organization and feets) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	7160 Riverbrocke St
	Parlama City FL 32 404  City/state and Zip Code  Aclam Location 35 @ Gmails Com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:
<b>\$</b> 125.	00 Filing Fee S130.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed)  S130.00 Filing Fee Status S155.00 Filing Fee Scertified 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

Must contain the words "Limited Liability Co	mbeny, "L.L.C.," or "LLC.")
ÁRTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal ()ffice Address:	Mailing Address:
7160 Riverbrooke Single Ponna City FL3240	
	7———

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

another business entity with an active Florida registration.)

Florida street address (P.O. Box NOT acceptable)

Panana City FL 32404

City State 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. Thereby 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)

19 OCT 22 PM 3: 4-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	41 . (4 )
MER	Adam Waller
	Adam Waller 7160 Riverbrooke ST Panama City FL 31404
	- PONCYMA CITY + COU
	/ /
<del></del>	
effective date is listed, the date must b	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be of filling.)  If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  If the date inserted in this block does becoment's effective date on the Departr	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)  Af the date inserted in this block does becoment's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be liste
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)