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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

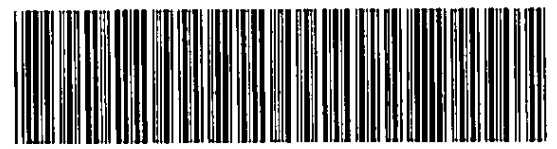
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— ATTORNEYS AT LAW —

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BOARD CERTIFICATIONS:

1. REAL ESTATE 2. TAX LAW
3. CITY, COUNTY & LOCAL GOVERNMENT
4. ELDER LAW

February 16, 2022

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

Re: Waller Brothers, LLC. Entity Formation

To New Filing Section:

Enclosed hereto are the following documents to form a Florida Limited Liability Company:

- 1) Cover Letter;
- 2) Articles of Organization for Florida Limited Liability Company; and
- 3) My firm's check in the amount of \$130.00.

Please do not hesitate to contact my office if you have any additional questions or concerns.

Respectfully,

Kevin R. Albaum, BCS

KRA/jab
CC: George Brian Waller (w/enclosures)
Robert J. Waller, IV (w/enclosures)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: WALLER BROTHERS, 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:

GEORGE BRIAN WALLER
Name of Person

WALLER BROTHERS, LLC.
Firm/Company

P.O. BOX 2963
Address

LAKELAND, FLORIDA 33806
City/State and Zip Code

BRIAN@WALLERGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. WALLER, IV 863 944-7702
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALLER BROTHERS, LLC.

(Must contain 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:

1065 S. FLORIDA AVE
LAKELAND, FL 33803

Mailing Address:

P.O. Box 2963
Lakeland, FL 33806

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:

GEORGE BRIAN WALLER

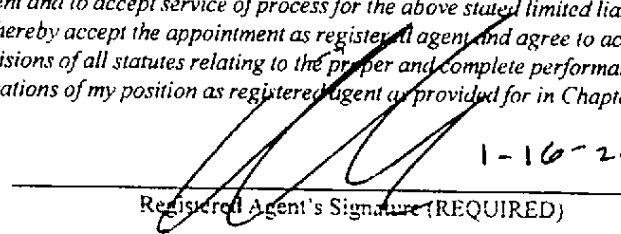
Name

1065 S. FLORIDA AVE.

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

<u>LAKELAND</u>	<u>FL</u>	<u>33806</u>
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, 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)

1-16-2022

(CONTINUED)

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A. J. ...
A. A.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

GEORGE BRIAN WALLER
1065 S. FLORIDA AVE
LAKELAND, FL 33806

MGR

ROBERT JAMES WALLER, IV
1065 S. FLORIDA AVE
LAKELAND, FL 33806

(Use attachment if necessary)

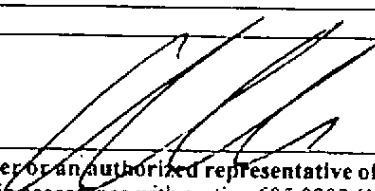
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 2-16-2022

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 s.817.155, F.S.

GEORGE BRIAN WALLER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)