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## COVER LETTER

TO;	New Filing Section Division of Corporations	
SUBJE	Wayter & Sons LLC	
SUBJE	Name of Limited Liability Company	
The end	Plosed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Brundon R. Allen Name of Person	
	Walter & Sons LLC Firm/Company	_
	1914 Raa AVL Address	
	Tallahassee, 12 32303	_
	Tallahassee, TL 32303 City/State and Zip Code Lyon hart 330 gmail. com	
	E-mail address: (to be used for future annual report notification)	•
or furth	er information concerning this matter, please call:	
	Brandon R. Allen at , 950, 739-9719	
	Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
17812:	.00 Filing Fee Status Status Status Certified Copy (additional copy is enclosed)  S130.00 Filing Fee Status Status Status Certified Copy (additional copy is enclosed)  S160.00 Filing Fee Status Stat	'è

## 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

A	ĸ	ľl	C	l,ŀ	1	-	N	:1	m	ť	:

The name of the Limited Liability Company is:

Walter & Sons 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:

1914 Rose Dry

Talahusset, FL 32303

Mailing Address: 4 Raa Ave

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:

Name

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

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City

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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)

(CONTINUED)

2022 APR - 1 PM 2: 14

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  Manager	Brandon R Allin 1914 Paa Ave Tailahassic, FL 32303
(Use attachment if necessary)	date of filing: 4/1/2022 (OPTIONAL)
the date of filing.)	e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	

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

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.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)