L22000248707



RECEIVED

FILED 2022 JUN -6 PH 3: 26 SEL LANDE CONTRACT TALLAHASSEE, FL

Office Use Only

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 6/6/2022

. . . .

WALK IN

ENTITY NAME WALLER DESIGN LLC

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

XXXXXXX			

Plain Copy Certified Copy Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

APOSTILLE' / NOTARIAL CERTIFICATION

COUNTRY OF DESTINATION _____ NUMBER OF CERTIFICATES REQUESTED

TOTAL OWED \$ 125.00 Please call Tina at the above number for	ACCOUNT # 120 United Corporate Services Inc	40000108 Keith Kerpan
Please call Tina at the above number for	e any issues or concerns.	Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

2022 JUN -6 PM 3: 26

SECTORIAN OF STATE

Mailing Address:

'ARTICLE I - Name:

The name of the Limited Liability Company is:

Waller Design 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:

1520 SW 190th Avenue	1520 SW 190th Avenue	
Pembroke Pines, Florida 33029	Pembroke Pines, Florida 33029	

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:

Principal Office Address:

Eric Rodriguez		
	Name	
1520 SW 190th Aver	me	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
Pembroke Pines	FL	33029
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..

/s/ Eric Rodriguez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:
AMBR	Eric Rodriguez 1520 SW 190th Avenue, Pembroke Pines, Florida 33029
	SEC. LETTALLAHA
	PH 3: 26

(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.

REOUIRED SIGNATURE:

/s/ Eric Rodriguez

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.

Eric Rodriguez

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)
- \$ 5.00 Certificate of Status (Optional)