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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

| TO: New Filing Section Division of Corporations | | | | | | |
|--|---------|--|--|--|--|--|
| SUBJECT: Walnut Place Investments LUC 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: | | | | | | |
| Taura Black | | | | | | |
| Name of Person | | | | | | |
| Little Pink Houses Of America, LLC Firm/Company | | | | | | |
| 11808 San Jose Blud. Svite 3 | | | | | | |
| Tackschville, FL 32223 City/State and Zip Code taura@ Littlepink howses of america.com E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee | T IL EU | | | | | |
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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

| AR | TI | CI | Æ | I - | N | ame: |
|----|----|----|---|-----|---|------|
|----|----|----|---|-----|---|------|

The name of the Limited Liability Company is:

Walnut Place Investments, 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: | Mailing Address: | | |
|---|---|--|--|
| 11808 Son Jose Blod. Suite 3 Jacksonville, Fl 37773 | 11808 San Jose Blud. Suite 3 Jacksonville, FL 32823 | | |
| | | | |

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:

Scott Ulmer

Name

11808 San Jose Blud. Svite 3

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

Tacksonville, FL 32223

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)

(CONTINUED)

SECRETARY OF STATE

FILED

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) 7/15/22___(OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Stantes. 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.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)