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	(Requestor's Name)
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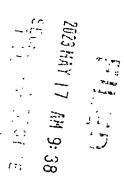


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# COVER LETTER

SUBJECT: WALTON ACCOMMODATIONS // D, 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:
KATRINA WALTON  Name of Person
KATRIN'A WALTON & ASSOC. INTERMEDIARY Firm/Company
1550 S. JEFFERSON ST
MONTICE110 FZ 323414  City/State and Zip Code  KATRINA @ KIVALTON 1031.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 Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed)

# Mailing Address

TO: New Filing Section

Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 l'allahassee, FL 32314

Street Address New Filing Section Division The Centre of Tailahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	EI-	Name:
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The name of the Limited Liability Company is:

WALTON ACCOMMODATIONS 110, 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:			
MONTICETIO FZ 32344	SAME	<u> </u>	202;	
ARTICLE III - Registered Agent. Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You mu another business entity with an active Florida registration.)	nature: est designate an individual c	)r _	2023 HAY 17	ر مصوب د موسود د موسود د موسود د موسود د
The name and the Florida street address of the registered agent are:    KATRINA   WATTOM   Name	=.•		AH 9: 38	ار و المحمد المحمد

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..

gistered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGR" R	KATRINA WALTON  1550 3. TEFFERSON ST  MONTICENO FL. 32344
	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	AH 9: 38
the date of filing.)  Note: If the date inserted in this block does not me	est the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of  ARTICLE VI: Other provisions, if any.  1031 FYCHANE	PURPOSES OF REVERSE
REQUIRED SIGNATURE:	Mark
I his document is executed I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes.  Information submitted in a document to the Department of State felony as provided for in s.817.155. F.S.
——K#7	Typed or printed name of signee

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section 100

. . .

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)