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SECRETARY OF STATESCHLISSEE FLORIDATION OF STATESCHLISSEE FLORIDA

RECEIVED

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: WALTON ACCOMMODATIONS 114 LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following.
KATRINA WALTON Name of Person
Name of Person
KATRINA WALTON + ASS OC. INTERMEDIARY Firm/Company
1550 S. JEFFERSON ST
Address
MONTICE110 FZ 32344
MONTICE/10 FZ 3234/4 City/State and Zip Code KATRINA @ KINATTON 1031. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KATRINA WALTON at 850, 510-9512
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status &

Mailing Address

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

Street Address

(additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee 2415 N. Morroe Street, State \$10 Tallahassee, FL 32303

8H 9: 45

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(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:
1550 S. JEFFERSON ST MONTICENO FL 32344	SAME
MONTICETIC FZ 32344	

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:

| KATRINA WATTO|
| Name |
| 1550 S - JEFFERSON 5|
| Florida street address (P.O. Box NOT acceptable)
| MONTICENO FL 3 2344

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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

2023 JUL -6 AM 9: 45 SECRETARY OF STATE

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	KATRINA WALTON 1550 S. TEFFERSON ST MENTICENO FL 32344
(Use attachment if necessary)	
fective date is listed, the date must be a of filing.) f the date inserted in this block does no	specific and cannot be more than five business days prior to or 90 determinents, this date will not be
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-