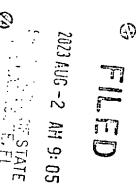






08/02/23--01008--009 **160.00



COVER LETTER

	New Filing Section Division of Corporations						
SUBJEC	WalDen Vendings, LLC						
SOBJEC	Name of L	imited Liability Company					
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.					
Please ret	urn all correspondence concerning this r	natter to the following:					
	Walter Gonnley						
		Name of Person					
	WalDen Vendings, LLC						
		Firm/Company	······································				
	10749 Standing Stone Dr.						
		Address					
	Wimauma, FL 33598						
	waltgormley@gmail.com	City/State and Zip Code					
	E-mail address: (to be use	ed for future annual report notification	nc)				
For further	information concerning this matter, plea	se call:					
	Walter Gormley	813 408-1414					
	Name of Person	Area Code Daytime Telephone	Number				
Enclosed	is a check for the following amount:						
□\$125.0	00 Filing Fee ☐ \$130.00 Filing Fee Certificate of Status	& □S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha					

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLE IV-

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

"AMBR" = Au "MGR" = Man	thorized Member	
MICH - Man	ager	
<u>MGR</u>		Walter Gormlev
		10749 Standing Stone Dr
		Wimauma, FL 33598
		·
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Use attachmer	nt if necessary)	
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ctive date is liffiling.) the date insertement's effective EVI: Other pro REOUIRED S \$ 30.00 Cert	sted, the date must be ed in this block does not e date on the Department ovisions, if any. Signature of a This document is exe I am aware that any f constitutes a third de	int meet the applicable statutory filing requirements, this date will not ent of State's records. Interpret or an authorized representative of a member, eculed in accordance with section 605.0203 (1) (b). Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Where Road Camery Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent 1)

2023 AUG -2 AM 9: OG

COVER LETTER

	iew Filing Se Division of Co				
CI:DIRC		endings, LLC			
SUBJECT		Name of Lim	ited Liabil	ity Company	
The enclos	sed Articles of	f Organization and fee(s) are	submitted	for filing.	
Please retu	ırn all corresp	ondence concerning this ma	tter to the f	following:	
	Walter Gon	nley			
			Name of	Person	
	WalDen Ve	ndings, LLC			
			Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	10749 Stanc	ling Stone Dr.			
			Addr	ess	•
	Wimauma, I	FL 33598			
	waltgormley(ty/State an	d Zip Code	
•		E-mail address: (to be used	for future a	nnual report notificat	ion)
For further i	nformation co	oncerning this matter, please	call:		
	Walter Gorm	aley 81.	3	408-1414	
	Nam		ea Code	Daytime Telephon	e Number
Enclosed is	s a check for t	he following amount:			
□\$125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLE IV-

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

<u>Title:</u>		Name and Address:	
"AMBR" = 7 "MGR" = M	Nuthorized Member		
	anager		
<u>MGR</u>		Walter Gormley 10749 Standing Stone Dr	
		Wimauma, FL 33598	
	- <u> </u>		
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(Use attachm	ent if necessary)		
If an effective date is ne date of filing.) Note: If the date inse	listed, the date must be spe	of filing: cific and cannot be more than five bus cet the applicable statutory filing requir f State's records.	siness days prior to or 90 days after
RTICLE VI: Other p	rovisions, if any.		
REOUIRED	signature: (1)alf (Down lew uber or an authorized representative	
	This document is execute I am aware that any false constitutes a third degree	ed in accordance with section 605.0203 information submitted in a document to felony as provided for in \$.817.155, F.S.	(1) (b). Florida Statutes. the Department of State S.
	(1)	ALIER GORMLEY Typed or printed name of signee	
		Typed or printed name of signee	
		Liling Foots	

Filing Fees:
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)