Florida Department of State

L25000029225

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000025436 3)))

H25000025436ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

S. CHATHAM
JAN 24 2025

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
WALNUT ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

FILED
2025 JAN 22 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2025 JAN 23 AM 10:07

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name

WALNUT ENTERPRISE, 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
5930 NW 99TH AVENUE	7105 SW 8 STREET
SUITE 3	SUITE 306
DORAL, FLORIDA 33178	MIAMI, FLORIDA 33144

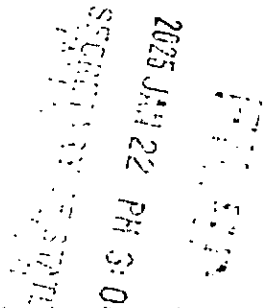
ARTICLES III-
Other provisions if any

ANY PURPOSE

ARTICLES IV- Register Agent, Register Office & Register Agent s Signature:)
(The Liability Company cannot serve as its own Register 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:

DIEGO ANTONIO DE LA NUEZ MARTINEZ
5930 NW 99TH AVENUE
SUITE 3
DORAL, FLORIDA 33178



Having been named as register 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 register agent and agree to act in this capacity. Y 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 register agent as provided for in Chapter 605 FS

Registered Agent's Signature (REQUIRED

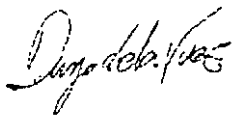
ARTICLES V- Manager {s} or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

DIEGO ANTONIO DE LA NUEZ MARTINEZ AMBR
5930 NW 99TH AVENUE
SUITE 3
DORAL, FLORIDA 33178

ARTICLE VI: effective date, if other than the date filing 01/21/2025 (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 filing)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

2025 JAN 22 PM 3:01

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 third degree felony as provided for in s. 817.155, F.S.

DIEGO ANTONIO DE LA NUEZ MARTINEZ