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SECRETARY OF STATE
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COVER LETTER

	egistration Section ivision of Corporati	ons				
SUBJECT	Walton County H	oldings, LLC				
500000	•	Name of I	Limited Liability (Company		
		oreign Limited Liability Comp tted to register the above refere				
Please retu	ırn all correspondenc	e concerning this matter to the	following:			
	George E. St	rickler, Jr.				
		N:	ame of Person			
	Bell, Orr, Ay	ers & Moore, PSC				
		Fi	rm/Company		<u> </u>	
	PO Box 738					
			Address			
	Bowling Gre	en, KY 42102				
	 	City/S	tate and Zip Code		 -	
	ablakerichey@	gmail.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further	r information concerr	ing this matter, please call:				
C	George E. Strickler, Ji		270 at (781-81	11	
	Name	e of Contact Person	Area Code	Day	time Telephone Number	
D R P	1AILING ADDRES Division of Corporation Legistration Section LO. Box 6327 Tallahassee, FL 32314	ons		Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301	
	s a check for the follows \$125.00 Filing Fee	owing amount: \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY/TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

		Limited Liability Company; must include "L					
		ame adopted for the purpose of transacting business	in Florida. The altern	ate name must include "Limited Liab	bility Company," "L.L.C,"	or "LLC.	")
$2.\frac{1}{2}$	ζY	nich föreign himited liability company is organized)	_ 3				
	(Jurisdiction under the law of wi	nich foreign himited frability company is organized)		(1:1:1 numb	er, if applicable)		
4.							
		(Date first transacted business in Florida, if pri (See sections 605 0904 & 605,0905, F.S. to di	ior to registration.)	ility)			
5	812 State Street		ζ PC	D Box 3495			
٠,٠	(Street Address of I	Principal Office)	0. <u></u>	(Mailing Addr	ress)		
	Bowling Green, KY 42	101	Во	owling Green, KY 42102	-		
			_	•	AE.	17	
			_		<u> </u>		
7.	Name and street addres	s of Florida registered agent: (P.O.	Box <u>NOT</u> acc	eptable)	HASSI	UE 2	Ξ
	Name:	CT Corporation Sustem				7	m
		1200 South Pine Island Rd.			ن ي	3 2	Ö
	Office Address:	1200 South Fine Island Rd.	·		유지	S	_
		Plantation		, Florida 33324 (Zip code	DA TO	90	
	gistered agent's accep	(City)		(Zip code	c)	9	
to.	comply with the provisi	tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as registered agent.	per and comp	lete performance of my	duties, and I am fo		
to.	comply with the provisi	ons of all statutes relative to the pro s of my position as registered agent.	per and comp		duties, and I am fo		
to an	comply with the provisi d accept the obligations The name, title or capa	ons of all statutes relative to the property of my position as registered agent. (Registered agent) (Registered agent)	oper and comp Oightile ent's signature; o has/have autl	Olga Hinkel, Vice Pr	duties, and I am foresident	imiliar	
to an	comply with the provision of accept the obligations The name, title or capa Title or Capacity:	(Registered againty and address of the person(s) when Name and Address:	oper and comp On hill ent's signature) o has/have autl Title	Olga Hinkel, Vice Pr hority to manage is/are:	esident Name and Add	imiliar	
to an	comply with the provisi d accept the obligations The name, title or capa	(Registered agent. (Registered agent. And address of the person(s) when Name and Address: Blake Richey	oper and comp Oightile ent's signature; o has/have autl	Olga Hinkel, Vice Pr hority to manage is/are:	esident Name and Add Emily Booth	ress:	
to an	comply with the provision of accept the obligations The name, title or capa Title or Capacity:	(Registered againty and address of the person(s) when Name and Address:	oper and comp Online ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Pr hority to manage is/are:	esident Name and Add	ress:	with
to an	comply with the provision of accept the obligations The name, title or capa Title or Capacity:	(Registered agent. (Registered agent.) (Registere	oper and comp Online ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Pr hority to manage is/are:	Name and Add Emily Booth 812 State Street	ress:	with
to an	comply with the provisid accept the obligations The name, title or capa <u>Title or Capacity:</u> Member	(Registered agent.) (Register	oper and comp Ohlib ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Pr hority to manage is/are:	Name and Add Emily Booth 812 State Street	ress:	with
<i>to - an</i> 8.	The name, title or capa Title or Capacity: Member	(Registered agent.) (Register	oper and comp Ohlib ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Pr hority to manage is/are:	Name and Add Emily Booth 812 State Street	ress:	with
8.	The name, title or capa Title or Capacity: Member Member	(Registered agent. (Regis	oper and comp Ohlib ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Property of Manage Is/are: or Capacity:	Name and Add Emily Booth 812 State Street Bowling Green.	ress:	2101
(L. jur	The name, title or capa Title or Capacity: Member Member Attached is a certificate is diction under the law of the provision of the law of the compacity is a certificate or capacity:	(Registered agent. (Pagent agent.	oper and comp Ohlib ent's signature) o has/have autl Title Mem	Olga Hinkel, Vice Property of Manage is/are: or Capacity: abor	Name and Add Emily Booth 812 State Street Bowling Green.	ress: KY 4	2101
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