

L21000268581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

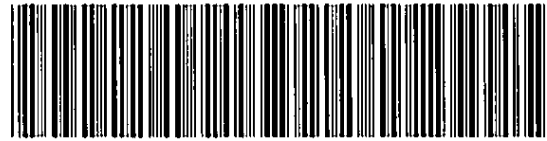
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400367971534

06/10/21--01001--002 *\$375.00

2021 JUN -9 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -9 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: WILLOW ACCOMMODATIONS (01), 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 WATSON
Name of Person

KATRINA WATSON + ASSOC. INTERMEDIARY
Firm/Company

1557 S. JEFFERSON ST
Address

MONTICELLO FL 32314
City/State and Zip Code

KWATSON@CENTURYLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATRINA WATSON at (904) 510-9512
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 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
P.O. Box 6327

Street Address

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN -9 PM 3: 42

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALTON ACCOMMODATIONS CO
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL
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.
TALLAHASSEE FL 32307

SAME
ADDRESS

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 WALTON
Name

1550 S JEFFERSON ST
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32307
City State Zip

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.

KATRINA WALTON
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MEMBER

Name and Address:

KATRINA WILSON
1550 S. JEFFERSON ST.
MINNEAPOLIS MN 55404

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUN -9 PM 3:42

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

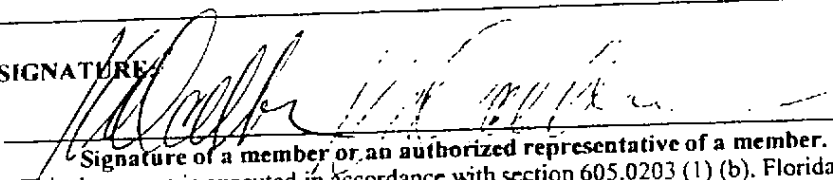
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

FOR PURPOSES OF REVERSE 1031
EVIDENCE

REQUIRED SIGNATURE



Signature of a member or an authorized representative of a member.

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

KATRINA WILSON

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)