

L24000301271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

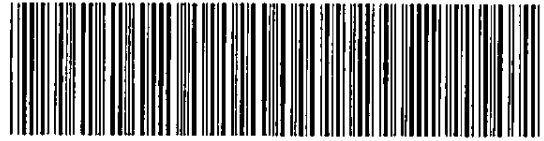
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800432262918

07/10/24--01009-006 1250 00

FILED  
2024 JUL 10 AM 9:47  
TALLAHASSEE, FL  
STATE

RECEIVED  
2024 JUL 10 AM 10:41  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: WALTON ACCOMMODATIONS 16a, 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 WALTON  
Name of Person

KATRINA WALTON + ASSOC. INTERMEDIARY  
Firm/Company

1550 S. JEFFERSON ST  
Address

MONTICELLO FL 32344  
City/State and Zip Code

KATRINA@KWALTON1031.COM  
E-mail address: (to be used for future annual report notification)

2024 JUL 10 AM 9:47  
TALLAHASSEE, FL  
STATE

FILED

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:

- \$125.00 Filing Fee
- \$150.00 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  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WALTON ACCOMMODATIONS 162, LLC  
(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:

1550 S. JEFFERSON ST  
MONTICELLO FL 32344

Mailing Address:

SAME  
←

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)  
MONTICELLO FL 32344  
City State Zip

DEPARTMENT OF STATE  
TALLAHASSEE, FL

2024 JUL 10 AM 9:47

FILED

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.

[Signature]  
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

MGR

**Name and Address:**

KATRINA WALTON  
1550 S. JEFFERSON ST  
MONTECENO FL 32344

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

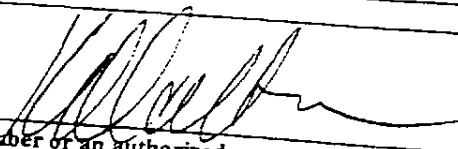
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will be listed as the document's effective date on the Department of State's records.

2021 JUL 10 AM 9:17  
FILED  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**ARTICLE VI:** Other provisions, if any:

FOR PURPOSES OF REVERSE  
1031 EXCHANGE

**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 WALTON  
Typed or printed name of signer

- 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)