

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L25000025436 225**

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To:

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

S. CHATHAM  
JAN 24 2025

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**FLORIDA LIMITED LIABILITY CO.  
WALNUT ENTERPRISE, LLC**

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

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**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  
5930 NW 99TH AVENUE  
SUITE 3  
DORAL, FLORIDA 33178

Mailing Address  
7105 SW 8 STREET  
SUITE 306  
MIAMI, FLORIDA 33144

**ARTICLES III-**

Other provisions if any

**ANY PURPOSE**

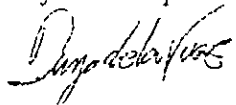
**ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)**

(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. 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 register agent as provided for in Chapter 605 FS*



Registered Agent's Signature (REQUIRED)

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**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

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**

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STATE OF FLORIDA  
DEPARTMENT OF STATE