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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2015

MELISSA CLEVELAND 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA, TN 37402

SUBJECT: THE WALLS GROUP, CPA'S

Ref. Number: W15000034763

We have received your document for THE WALLS GROUP, CPA'S and check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 315A00010295

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The Walls Group CPA's, Inc. Name of corporation - must include suffix		
Name of corporation - must include suffix		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Busines "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to above referenced foreign corporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Melissa Cleveland Name of Person		
·		
The Walls Group CPA's Inc. Firm/Company		
Firm/Company		
401 Chestnut Street, Suite 200		
Address		
Chattanouga, TN 37421		
City/State and Zip code		
Chattanouga, TN 37421 City/State and Zip code Mcleveland @ walls grupe cpas, com E-mail address: (to be used for future annual report notification)		
E-mail address. (to be used for failure annual effort normeation)		
For further information concerning this matter, please call:		
Melissa Cleveland at 423 Le64-1004 Name of Person Area Code Daytime Telephone Num		
Name of Person Area Code Daytime Telephone Num	iber	
STREET/COURIER ADDRESS: MAILING ADDRESS	:	
Registration Section Registration Section Division of Corporations Division of Corporation		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, FL 32314		
Tallahassee, FL 32301		
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Cer	50 Filing Fee, tificate of Status & tified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. (Enter name of comporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 20-8167848 (State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar-with and accept the obligations of my position as registered agent. (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: Mellanee E. Walls		
Address: 401 Chestnut Street Suite 200		
Chattanooga, TN 37402		
Vice Chairman:		
Address:		
Discourse.		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
President: Mellanee E. Walls		
Address: 401 Chestaut Street, Suite 200		
Chattanooga, TN 37402		
Vice President:		
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13 Mulance Unils		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein		
are true and that he or she is aware that 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. 14		
(Typed or printed name and capacity of person signing application)		



STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

MELLANEE E. WALLS

May 4, 2015

STE 200 401 CHESTNUT ST

CHATTANOOGA, TN 37402-4915

Request Type: Certificate of Existence/Authorization

Request #:

0161684

Issuance Date: 05/04/2015

Filing Fee:

Copies Requested:

Document Receipt

Receipt #: 002039468

Payment-Check/MO - THE WALLS GROUP, PC, CHATTANOOGA, TN

\$20.00

\$20.00

Regarding:

The Walls Group, P.C.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 12/28/2006

Control #: Date Formed: 537241 12/31/2006

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Business County: HAMILTON COUNTY

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

The Walls Group, P.C.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of

tate Verification #: 011798125

Processed By: Sheila Keeling