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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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06/03/05--01018--018 **125.00

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ARED WALKER LLC (Name of Limited Liability Company)			
(Name of Emined Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
FRED WALKER (Name of Person)			
(Name of Person)			
FRED WALKER LLC	<u></u>		
(Firm/Company)	ZX	05,	
3101 LITTLE SILVER AD,	ORE ARY LAHASSEE	JUN -3 PH	
CRESTVIEW FL 325-39 (City/State and Zip Code)	OF STATE	PH 2: 48	(
For further information concerning this matter, please call:			
Fred Walker at (850) 682-3806 (Name of Person) (Area Code & Daytime Telephone Number)	_		
(Main of Foreign Main of Forei			
Enclosed is a check for the following amount:			
■ \$125.00 Filing Fee Status Status Status Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee Status Certified Copy (additional copy is enclosed)	tatus &		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
FRED WALKER 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:	
3101 LITTLE SILVER RD. ORESTVIEW FL. 32539	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature; The name and the Florida street address of the registered agent are:	
The name and the Florida street address of the registered agent are:	
FRED WALKER	<u></u>
Name 3101 LITTZE SILVEL RD. Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable)	•
Florida street address (P.O. Box NOT acceptable)	
CRESTOLEW ELFL, 32539	
City, State, and Zip	
Therein a hour man of an architectual angul and to account associate of an occasion for the above stated limited	

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 608, F.S.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

	Title: "MGR" = Manager "MGRM" = Manager	Name and Address:		
MGR	"MGRM" = Managing Member FRED WALKER GENE GILLIC-AN	3101 LITTLE SHIVER RD	, 7	
M8-OM	GENE BILLIGAN	310 L LITTLE 51LVBR.RI CRETVIEW FL. 32539	0.	
	(Use attachment if necessary)			
	NOTE: An additional article must be REQUIRED SIGNATURE:	e added if an effective date is requested.	SECRETARY TALL AREA	
	Signature of a member of	or an authorized representative of a member.	유 교	
	of this document constituent that the facts stated here.	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	2:49 STATE	
	Type	d 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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows: