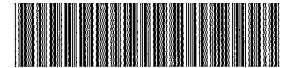
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(E	Occument Number))
Certified Copies	Certificate	s of Status
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COVER LETTER ___

TO: Registration Se Division of Co				
_{SUBJECT:} Walker	Trust LLC			
		d Liability Company)		
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
R. A. Ran				_
	(1	Name of Person)		
R. A. Ran	dall CPA	_		
	(Firm/Company)	(. e-1	
2404 N. E	Broadway			_
		(Address)	-	· ·
Muncie, I				
	(City.	/State and Zip Code)		_
For further information	concerning this matter, please	call:		
R. A. Randall		at (727) 424-188	83	
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
☑ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160. Empling Fee, Certificate of States & Certificate	TT
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	STATE STATE	O

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
Walker Trust LLC	
Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the part of th	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2536 Countryside Blvd. 2nd Floor Suite 200	2404 N. Broadway
Clearwater, Florida 33763	Muncie, IN 47303
business entity with an active Florida registration.) The name and the Florida street address of the R. A. Randall CPA Nam	
2536 Countryside Blvd Florida street a	I. 2nd Floor Suite 200 address (P.O. Box NOT acceptable)
Clearwater, Florida 33763 City, State	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the shove stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am Jamillar with and gistered agent as provided for in the performance of the provided for in the performance of the performance of the provided for in the performance of

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Richard Walker 2404 N. Broadway Muncie, IN 47303 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), Florida Statutes, the executed of this document constitutes an affirmation under the penalties of parity that the facts stated herein are true.) R. A. Randali CPA 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)