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ECRUTARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Charles E Walker LLC Name of Limited Liabi	ility Company
The enclosed Articles of Organization and fee(s) are submittee. Please return all correspondence concerning this matter to the	-
Charles Walker	
Charles E Walker LLC	of Person
Firm/C	ompany
	Iress
Century, FL 32535 City/State a	nd Zip Code
cewalker88@yahoo.com E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	nd Zip Code ARASSITARY OF STATE annual report notification) 5 SPECTARY OF STATE 1 STATE 5 STATE
<u>Charles Walker</u> at (<u>850</u> Name of Person Area Co	de Daytime Telephone Number
Certificate of Status Certi	.00 Filing Fee & Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Charles E Walker LLC (Must end with 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: Mailing Address: 1690 Morgan Rd Century, FL 32535 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: Charles E Walker Name 5341 Chalker Rd Florida street address (P.O. Box NOT acceptable) Molino FL 32577 City Zip 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 capee 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.	The name of the Limited Liability Company is:	
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Registered Agent's Signature (REQUIRED)	Olanha E	2 Volta

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Charles E Walker
730013	5341 Chalker Rd
	Molino, FL 32577
	Monito, 1 C 02017
	
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48.8 A 1 1.10 A	
(Use attachment if necessary) LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.)	te of filing: <u>July 24, 2014</u> . (OPTIONAL) pecific and cannot be more than five business days prior to or 90 da
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ARTICLE IV-