

L180000061376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

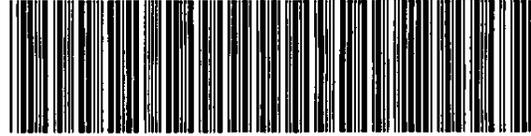
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/06/18--01024--019 **130.00

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18 MAR -6 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 13 2018

D H Walke LLC

15810 Edgefield Rd.
Wellington, FL 33414
561-309-6319
don@dhwalke.com

March 3, 2018

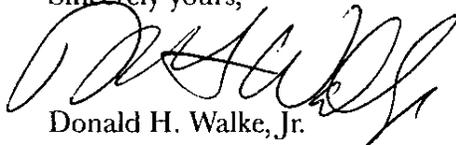
New Filing Section
Division of Corporations
PO Box 6327
Tallahasee, FL 32314

Gentlemen:

Please find enclosed my application to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes.

Contact information below should be used in all correspondence.

Sincerely yours,



Donald H. Walke, Jr.
Managing Member

Attachments:

Articles of Organization - D H Walke LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: D H WALKE LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONALD H. WALKE, JR.
Name of Person

D H WALKE LLC
Firm/Company

15810 EDGEFIELD RD.
Address

WELLINGTON, FL 33414
City/State and Zip Code

DON@DHWALKE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD H. WALKE, JR. at (**561**) **309-6319**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D H WALKE LLC

(Must contain 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:

15810 EDGEFIELD RD.

WELLINGTON, FL 33414

Mailing Address:

15810 EDGEFIELD RD.

WELLINGTON, FL 33414

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:

DONALD H. WALKE, JR.

Name

15810 EDGEFIELD RD.

Florida street address (P.O. Box **NOT** acceptable)

WELLINGTON FL 33414

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR -6 AM 9:46

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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 605, F.S..



3/3/18

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

DONALD H. WALKE, JR.

15810 EDGEFIELD RD.

WELLINGTON, FL 33414

(Use attachment if necessary)

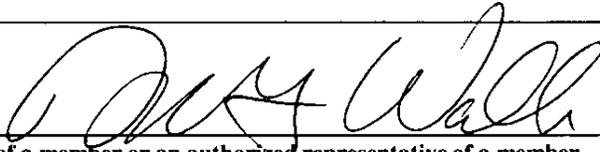
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



3/3/18

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 a third degree felony as provided for in s.817.155, F.S.

DONALD H. WALKE, JR.

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
18 MAR -6 AM 9:46
FILED