

L18000113070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

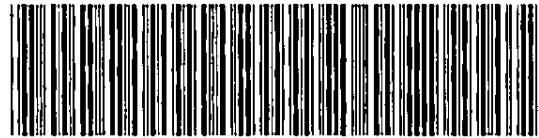
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400295288134

03/22/17--01010--003 \*\*125.00

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 MAY 10 AM 11:31  
TALLAHASSEE, FLORIDA

T. BURCH

MAY 10 2018

W17-024889

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: P Walker, LLC**

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

**Please return all correspondence concerning this matter to the following:**

P Walker, LLC  
12928 Palm Beach Blvd  
Fort Myers, FL 33905

For further information concerning this matter, please call:

**Patty Walker  
(239) 340-3904**

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certification of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
---	---	---	---

**Mailing Address**  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2017

PATRICIA WALKER  
12928 PALM BCH. BLVD.  
FT. MYERS, FL 33905

SUBJECT: P WALKER, LLC  
Ref. Number: W17000024889

We have received your document for P WALKER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 917A00005564

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

SECRETARY OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
18 MAY 10 AM 11:31

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**P Walker, LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principle Office Address:**

12928 Palm Beach Blvd  
Fort Myers, FL 33905

**Mailing Address:**

12928 Palm Beach Blvd  
Fort Myers, FL 33905

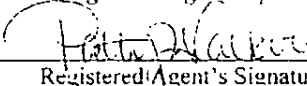
**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Patty Walker  
12928 Palm Beach Blvd  
Fort Myers, FL 33905

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

ARTICLE IV -

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Patty Walker  
12928 Palm Beach Blvd  
Fort Myers, FL 33905

AMBR

AMBR

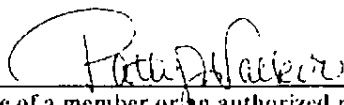
SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 MAY 10 AM 11:31  
TALLAHASSEE, FLORIDA

5/10/18

ARTICLE V: Effective date, if other than the date of filing: 5/10/18 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Patty Walker  
Typed or printed name of signee