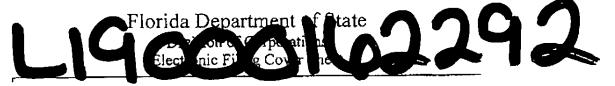
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone

: (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Walkers Investment Properties LLC

	المتكاف الكال الأسارة والمتحدد
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

JUN 27 2019

Electronic Filing Menu

Corporate Filing Menu

K Brumbley Help

			LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	y Company is:			
Walkers Property Inv	vestment LLC with the words "Limited	Liability Company	/, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	ffice of the Limited	Liability Company is:	
Princips	al Office Address:		Mailing Address:	
7253 Michael Terrac	e		3 Michael Terrace	
Jacksonville, FL 322	22	Jack	sonville, FL 32222	
(The Limited Liability Company	cannot serve as its own	& Registered Ages Registered Agent.	Tou must designate an marriame or	
(The Limited Liability Company another business entity with an a	sctive Florida registratio	Registered Agent. (n.)	Tou must designate an individual of	
another business entity with an a	sctive Florida registratio	Registered Agent. in.) I agent are:	Tou must designate an marriage of	
another business entity with an a	active Florida registration	Registered Agent. (n.)	Tou must designate an individual of	
another business entity with an a	active Florida registration	Registered Agent. in.) I agent are: Name	Tou must designate an individual of	
another business entity with an a	active Florida registration address of the registered Kimberly Claridy	Registered Agent. in.) I agent are: Name		
another business entity with an a	address of the registration Kimberly Claridy 7253 Michael Terrace	Registered Agent. in.) I agent are: Name		
another business entity with an a	address of the registered Kimberly Claridy 7253 Michael Terrae Florida street addres	Registered Agent. in.) I agent are: Name se s (P.O. Box NOT a	cceptable)	

the 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)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kimberly Claridy
	7253 Michael Terrace
	Jacksonville, FL 32222
MGR	Neal M. Walker
WOR	7253 Michael Terrace
	Jacksonville, FL 32222
	VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u></u>
	<u></u>
EV: Effective date, if other than the active date is listed, the date must be	date of filing:
ective date is listed, the date must b of filing.)	e specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Departn	e specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not be
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