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## COVER LETTER

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TO:	New Filing Section Division of Corporations	19 OCT 17 PX 12
C2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Walker Group Florida LLC	
SUBJE	Name of Limited Liability Company	***
The end	closed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Celia R. Clark	
	Name of Person	
	Clark & Gentry, PLLC	
	Firm/Company	
	570 Lexington Ave., #1910	
	Address	
	New York, NY 10022	
	City/State and Zip Code celark@clarkandgentry.com	
	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	Celia Clark 212 370-4220	
	Name of Person Area Code Daytime Telephone No	ımber
Enclose	ed is a check for the following amount:	
	0 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CiTallahassee, FL 32301	rele

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF	ORGANIZATION FOR I	FLORIDA LIMITED	LIABILITY COMPANY		La BB
ARTICLE I - Name: The name of the Limited Liability	y Company is:			13 007 17	bH K. a
Walker Group Florida (Must conta	LLC in the words "Limited 1	Liability Company,	"L.L.C.," or "LLC.")	_ <del></del>	
ARTICLE II - Address: The mailing address and street ac	ldress of the principal o	ffice of the Limited	Liability Company is:		
<u>Principa</u>	il Office Address:		Mailing Addre	<u>:ss</u> :	
3415 East Woodbine Orange, CA 92867	Rd.		5 East Woodbine Rd. nge, CA 92867		
The name and the Florida street a	Corporation Service of 1201 Hays Street Florida street addres Tallahassee	Company Name s (P.O. Box <u>NOT</u> a FL	32301		
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the app ovisions of all statutes re ligations of my position Regist	ointment as register clating to the prope	red agent and agree to act in rand complete performance as provided for in Chapter where (REQUIRED)	n this capacity. I e of my duties, and	

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Teresa Walker
	3415 East Woodbine Rd.
	Orange, CA 92867
<del></del>	
	111111111111111111111111111111111111111
LE V: Effective date, if other than the date	of filing: (OPTIONAL)
e of filing.)	need the applicable statutory filing requirements, this date will not be
of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any.	need the applicable statutory filing requirements, this date will not be
e of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any.  REOUIRED SIGNATURES	meet the applicable statutory filing requirements, this date will not be of State's records.
REOURED SIGNATURE:  Signature of a mo This document is execut  am aware that any false	meet the applicable statutory filing requirements, this date will not be of State's records.
REOUIRED SIGNATURE:  Signature of a mo This document is execut Lam aware that any false	meet the applicable statutory filing requirements, this date will not be of State's records.  Clowk  ember or an authorized representative of a member, ted in accordance with section 605.0203 (1) (b). Florida Statutes, enformation submitted in a document to the Department of State.

## 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)