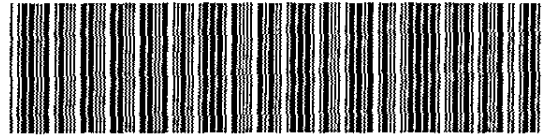


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04 MAR 11 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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03/11/04--01060--019 \*\*125.00

(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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*Walker*

*Hospitality, LLC*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 7, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is the application, Certificate of Designation, Original Certificate of Existence and check for \$125.00 to register Walker Hospitality, LLC as a "foreign limited liability company to transact business in Florida".

If you have any questions or need further information, please contact me, Camille Walker, owner and President, at 913-706-4923 or 941-966-3442. Thank you for your assistance.

Sincerely,

*Camille Walker*

Camille Walker  
Walker Hospitality, LLC  
(913) 706-4923 Kansas City  
(941) 966-3442 Florida

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA

FILED

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

04 MAR 11 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Walker Hospitality, LLC  
(Name of foreign limited liability company)
2. Kansas  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 27-0021522  
(FEI number, if applicable)
4. Feb. 20, 2002  
(Date of Organization)
5. "perpetual"  
(Duration Year limited liability company will cease to exist or "perpetual")
6. upon approval/qualification  
(Date first transacted business in Florida. See sections 608.501, 608.502, and 817.133, F.S.)
7. 965 Scherer Way  
Osprey, FL 34229  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>Camille Walker</u>	
<u>965 Scherer Way</u>	<u>9922 Edelweiss Circle</u>
<u>Osprey, FL 34229</u>	<u>Merriam, KS 66203</u>

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Manufacturer's  
Representative of products to the hotel/motel industry

Camille Walker  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Camille Walker  
Typed or printed name of signer

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Walker Hospitality, LLC

2. The name and the Florida street address of the registered agent and office are:

Camille Walker  
(Name)

965 Scherer Way  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Osprey FL 34229  
(City/State/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 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 608, F.S.*

Camille Walker  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# STATE OF KANSAS

OFFICE OF  
SECRETARY OF STATE  
RON THORNBURGH



To all to whom these presents shall come, Greetings:

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to limited liability companies and that I am the proper official to execute this certificate.

I FURTHER CERTIFY THAT

WALKER HOSPITALITY, LLC

is a regularly and properly organized limited liability company under the laws of the State of Kansas, having filed articles of organization in Kansas on the 20th day of February, A.D. 2002 and has paid all fees and franchise taxes due this office and is in good standing according to the records now on file in the office of Secretary of State.

In testimony whereof:  
I hereto set my hand and cause  
to be affixed my official seal.  
Done at the City of Topeka, this  
23rd day of February, A.D. 2004



RON THORNBURGH  
SECRETARY OF STATE