

M22000016600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

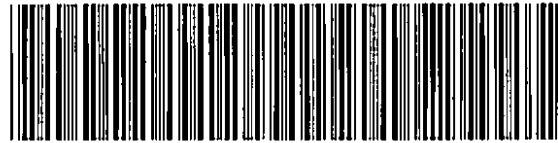
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DATE: 10/28/22

NAME: WALTERS ACCOUNTING GROUP LLC

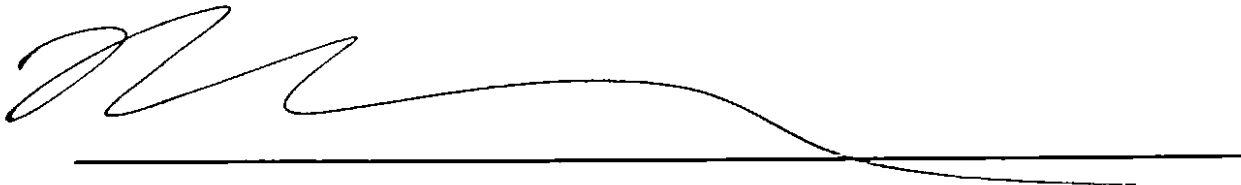
TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE



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NOTARY PUBLIC
TALLAHASSEE, FLORIDA

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF PINELL COUNTY

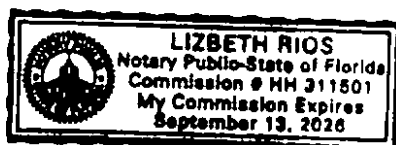
BEFORE ME, the undersigned authority, duly authorized to administer oaths and take acknowledgments, personally appeared MICHAEL H. WALTERS, who upon oath, stated as follows:


1. I am an adult over the age of eighteen (18), and I have personal knowledge of the business affairs of WALTERS ACCOUNTING GROUP, LLC, a Florida limited liability company, a dissolved entity.
2. I was the Manager of WALTERS ACCOUNTING GROUP, LLC, identified with the Florida Secretary of State, Division of Corporations, as Document Number L21000177334.
3. I am the person appointed to wind up of the company's business activities and affairs.
4. I hereby release the use of the name and grant permission for the use of the name WALTERS ACCOUNTING GROUP, LLC to WALTERS ACCOUNTING GROUP LLC, a North Carolina limited liability company in their Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

FURTHER AFFIANT SAITH NAUGHT.


MICHAEL H. WALTERS

The foregoing instrument was sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 27th day of October, 2022 by MICHAEL H. WALTERS, who ☒ is personally known or ☐ has produced a driver's license as identification.




Notary Public
Printed Name: LIZBETH RIOS
My Commission Expires: SEPTEMBER 13, 2026

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WALTERS ACCOUNTING GROUP LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JASON A. GOULD, ESQ.

Name of Person

PLG LAW

Firm/Company

1744 N. BELCHER ROAD, SUITE 150

Address

CLEARWATER, FL 33765

City/State and Zip Code

heathwalters41@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON A. GOULD, ESQ.

727

726-1514

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WALTERS ACCOUNTING GROUP LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. NORTH CAROLINA 3. 47-2117405
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17704 DAISY FARM DR. 6. 17704 DAISY FARM DR.
(Street Address of Principal Office) (Mailing Address)

LUTZ, FL 33559 LUTZ, FL 335559

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL H. WALTERS
Office Address: 17704 DAISY FARM DR.
LUTZ 33559
(City) , Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with
and accept the obligations of my position as registered agent.

M. H. Walters
(Registered agent's signature)

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>MICHAEL H. WALTERS</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>17704 DAISY FARM DR.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>LUTZ, FL 33559</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



Signature of an authorized person

MICHAEL H. WALTERS

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WALTERS ACCOUNTING GROUP LLC

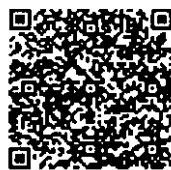
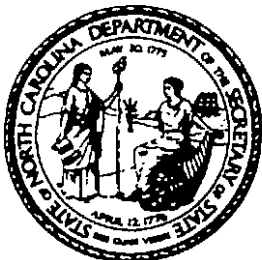
is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 20th day of October, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of October, 2022.

Elaine F. Marshall

Secretary of State



Scan to verify online.