

M22000016600

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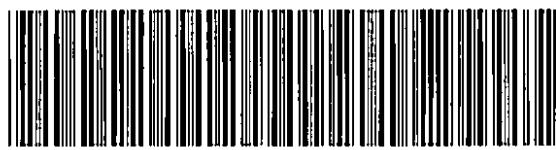
(Business Entity Name)

(Document Number)

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**DATE:** 10/28/22

**NAME:** WALTERS ACCOUNTING GROUP LLC

**TYPE OF FILING:** APPLICATION

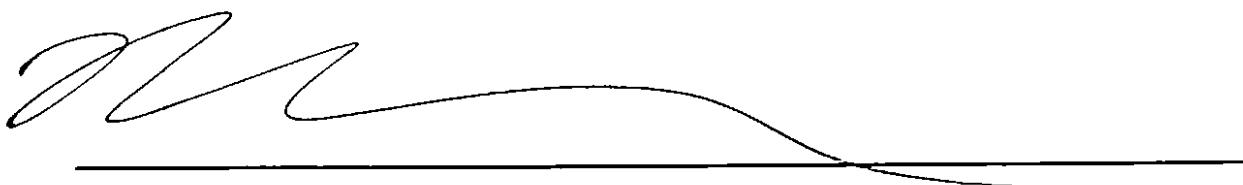
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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FILED

2022 OCT 28 AM 11:49

FLORIDA  
STATE OF FLORIDA  
COUNTY OF PINES COUNTY

## AFFIDAVIT

STATE OF Florida  
COUNTY OF Pines 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.

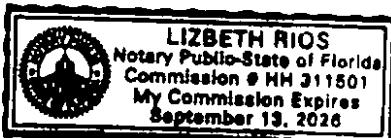


MICHAEL H. WALTERS

The foregoing instrument was sworn to and subscribed before me by means of  physical presence or  online notarization, this 27<sup>th</sup> 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, 2426





**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:*

WALTERS ACCOUNTING GROUP LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(FL means "Florida" and "FL" means "Florida" and either alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

## **NORTH CAROLINA**

47-2117405

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (FBI number, if applicable)

4. \_\_\_\_\_ (Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.3, to determine penalty liability)

17704 DAISY FARM DR

17704 DAISY FARM DR.

5. ALL INFORMATION IS UNCLASSIFIED

### Other Adverbs

LITZ 8 3359

LUTZ, FL 335559

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

**MICHAEL H. WALTERS**

11. *Leucosia* *leucostoma* (Fabricius) (Fig. 11)

1704 DAISY FARM DR.

JELLY

33559

10 of 10

178  179

**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. Hartman  
(Signature, name, and address)

(Registered agent's signature)

APPROVED  
AUG 10  
FILED

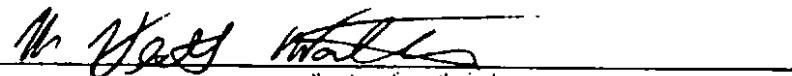
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: MICHAEL H. WALTERS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 17704 DAISY FARM DR.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	LUTZ, FL 33559	<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

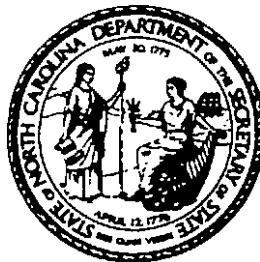
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

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.



Scan to verify online.

Certification# 114467024-1 Reference# 19106325-ACH Page: 1 of 1  
Verify this certificate online at <https://www.sosnc.gov/verification>

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.

Secretary of State