

## Division of Corporations

Florida Department of State

Division of Corporations  
 State of New York  
 Office of the Secretary of State

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

(1412500)29.4443.3)))



1-21002341133:BC%

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

19:

Division of Corporations  
Fax Number (858) 617-0183

Exon

Account Name : REGISTERED AGENTS INC  
Account Number : 170090800081  
Phone : (307)280-2803  
Fax Number : (313)436-5206

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

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
Walker Property Investments, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

[Electronic Filing Menu](#)      [Corporate Filing Menu](#)      [Help](#)

DATE

27 JUL 67 09:49

1000

1960. 12. 21. 1960. 12. 21.

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Walker Property Investments, L.L.C.

1. \_\_\_\_\_  
(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. Louisiana

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

3. 20-0333752

(F.F. number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.  
(See sections 605.004 & 605.008, F.S., to determine penalty liability.)

5. 7901 4th St N STE 300

(Street Address of Principal Office)

6. 7901 4th St N STE 300

(Mailing Address)

St. Petersburg, FL 33702

St. Petersburg, FL 33702

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

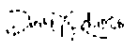
St. Petersburg, Florida 33702

(City)

(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.



(Registered agent's signature)

2024 AUG 30 PM 9:41

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 type="checkbox"/> Manager	Name: <u>Walker Gamble</u>	<input type="checkbox"/> Manager	Name: <u>Keith Gamble</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3430 Scenic Hwy 98</u>	<input type="checkbox"/> Authorized	<u>3430 Scenic Hwy 98</u>
Person	<u>Destin, FL 32541</u>	Person	<u>Destin, FL 32541</u>
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Manager	Name: <u>Maureen Gamble</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>3430 Scenic Hwy 98</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Destin, FL 32541</u>	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.)

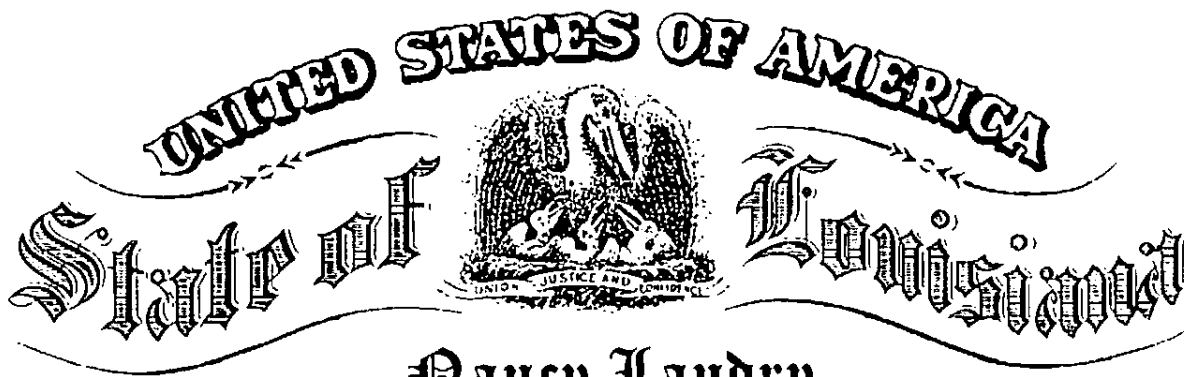
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.125, F.S.

*Robin Jones*

Signature of an authorized person

Robin Jones

Typed or printed name of signer



**Nancy Landry**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**WALKER PROPERTY INVESTMENTS, L.L.C.**

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on October 28, 2003,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

August 29, 2024

*Nancy Landry*

*Secretary of State*

Web 35562709K



Certificate ID: 11927758#P8Q83

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)