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(Req	uestor's Name)	7000	
(Add	ress)		
(Add	ress)		
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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SEGAETARY (F. STATE FALLAHASSEE, FLORIOA

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10/20

TRANSMITTAL LETTER

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

SUBJECT:	WA/K WAY CA (PROPOSED CORPORA	HOPIES THE ATENAME-MUSTINCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	WAIK WAY (Name	PNOPIES TO	
	207 COOKS LEEBURG FI		
, .	(352) 63 Daytime	C /224 Telephone number	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	271 Li . ma m
A DESCRIPTION OF THE PARTY OF T	FILED
The name of the corporation shall be:	03 OCT -3 PM 1: 36
The name of the corporation shart be.	
WALK WAY CHNOPIES INC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
207 COOKS ST. LEES burg F/4 34748	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	• •
TO DO ANY LAW FUL BUSINESS	
ARTICLE IV SHARES The number of shares of stock is:	
1000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
JAMES B SMITH DIRECTOR	
207 Cooks ST 1865burg Fla 34748	
William A SmiTH	
2320 W. BUTISK ST. LEESburg F/W 34748	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
JAMES B SmiTH	
207 COUKE ST	
Lasburg F/n 34748 ARTICLE VII INCORPORATOR	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
JAM2S B SMITH	= .
20700KE ST	
L2ES buvg Fla 34748 ***********************************	*******
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
h- Kezin	9-20-03
Signature/Registered Agent	7-30-03 Date

Signature/Incorporator