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(Fi	Requestor's Name)	***
(A	ddress)	
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	City/State/Zip/Phone	#
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(E	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	





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TRANSMITTAL LETTER

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

SUBJECT: WAL	KER PLU	MB/NG CO,	**************************************			
(PRO	POSED CORPORATE N	NAME MUST INCLUDE :	SUFFIXI			
Enclosed is an original and on	ne(1) copy of the article	es of incorporation and a c	check for:			
\$70.00 \$78 Filing Fee Filing	.75	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL COP	- ·- · ·			
DIANE H. WALKER Name (Printed or typed) 635 LONG LAKE DR.						
	100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EL, 3276 State & Zip - 3191 Elephone number	<u> </u>			
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

WALKER PLUMBING OF OVIEDO, INC.

SECR TALLA ÌΔ

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 635 LONG LAKE DA.

OUIEDO, FL 32765

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

FOR ANY and ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

3 (three)

INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

P DIANE H. WALKER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DIANE H. WALKER 635 LONG LAKE DR. OVIEDO, PL 32765

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DIANE H. WALKER DR 635 LONG LAKE DR DUIEDO FL 32765

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity