(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	· #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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COVER LETTER

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

_{SUBJECT:} Walk Management Co. エル	<u>د</u>	
(PROPOSED CORPORATE AND INCIDENCE OF THE ARTICLES OF THE ARTIC	FE NAME – <u>MUST INCL</u>	
□ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: Walk Management Co. Two	(0)	
33140 Little Hampton Cou	(Printed or typed) rt Address	
Sorrento FI 32776	State & Zip	
321 356 0163	elephone 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)

ARTICLE I NAME

The name of the corporation shall be:

Walk Management Company エルン

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is: 32776

33140 Little Hampton Court , SURCENTO, FL. 32776

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Finacial Consulting Company

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mitchell B Walk president, secratary

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Mitchell Walk 33140 Little Hampton Court Sorrento FI 32776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mitchell Walk 33140 Little Hampton Court Sorrento FI 32776

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

Signature/Incorporator