# P0788093537

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT ' MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900107039179

08/21/07--01034--002 \*\*87.50

7 AUG 21 AM II: C

RECEIVED

O7 AUG 21 AM II: 21

# **COVER LETTER**

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

SUBJECT:	STEWALK GROUP, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l 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  PPY REQUIRED
FROM:	GARRETT WALKER  Name (Printed or typed)		
	6812 NORTH 18TH STREET Address		
	TAMPA, FLORIDA 33610  City, State & Zip		
·	813-716-4982  Daytime 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)

### ARTICLE I NAME

The name of the corporation shall be:

STEWALK GROUP, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6812 NORTH 18TH STREET TAMPA. FLORIDA 33610

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION AND COMMERICAL TRANSPORTATION

### 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):

SAMUEL STEVENS - PRESIDENT

**4 ≰** IMANI CIRCLE

MIDWAY, FLORIDA 32343

GARRETT WALKER - VICE PRESIDENT

OT AUG 21 AM 11: 21

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

6812 NORTH 18TH STREET TAMPA, FLORIDA 33610

### ARTICLE VI REGISTERED AGENT

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

WILLEAN WALKER

50 IMANI CIRCLE

MIDWAY, FLORIDA 32343

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAMUEL STEVENS

44 IMANI CIRCLE

MIDWAY, FLORIDA 32343

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

Willean 5 Waller 8/21
Signature/Registered Agent Date

Warm Films: 8-21-1