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(Req	juestor's Name)			
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PICK-UP	TIAW	MAIL.		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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DEPARTMENT IN STATE DIVISION OF CORPORATIONS TALL AMASSEE, FLORIDA RECEIVED
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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
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	Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:	STO Sopla	e (Printed or typed) Address
_	Tallahass	9 All 323/(, State & Zip
	·	Telephone number Solution Telephone number Solution Telephone number Solution Telephone number Solution Telephone number
Ţ		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:

The Willa Walker Group, Inc.

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SEGRETARY OF STATE TABLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3550 Esplanade Way Suite 8211, Tallahassee Florida 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting Services

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

A. Willa Brown

President

ARTICLE VI REGISTERED AGENT

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

A. Willa Brown 3550 Esplanade Way Suite 8211, Tallahassee 🖪

Florida, 32311

ARTICLE VII INCORPORATOR

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

A. Willa Brown 3550 Esplanade Way Suite 8211, Tallahassee ...

Florida, 32311

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

gnature/Registered Agent

Signature/Incorporator

/ Date

ate