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COVER LETTER

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

SUBJECT: Jonathan E. W. (PROPOSED CORPORA	la Ker & Associates, Inc.					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
FROM: Jonathan E.	Walker (Printed or typed)					
1224 Ocala Rd.						
Tallahas Sel FL 32304 City, State & Zip						
(850) 576 - 2129 Daytime Telephone number						
Walkerje Ø155 @ yahoo.com E-mail address: (to be used for future annual report notification)						
2-man address. (to be used for fatare aimual report normeation)						

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 II PRINCIPAL OFFICE Tonathon E. Wolfer Lant 1224 Ocale Rd. Tallaha Steep FL 32304 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Legitimate business purpose for which the corporation is organized is: Address: Address: Address: 1324 Ocale Rd. Tallahastee FL 32304 Name and Title: Address: 4383 Can View Bl. Tallahastee FL 32303 Name and Title: Address: Address: 4383 Can View Bl. Tallahastee FL 32303 Name and Title: Address: Address: Address: Address: Address: 4383 Can View Bl. Tallahastee FL 32303 Name and Title: Address: Address: Address: 4383 Can View Bl. Tallahastee FL 32303 Name and Title: Address: Address: Address: Address: Address: 4383 Can View Bl. Tallahastee FL 32304 ARTICLE VI REGISTERED AGENT The name and address of the Incorporator is: Name: John Then Market Black FL 32304 Having been named as registered agent to accept stee of process for the above stated corporation at the place designated in this certificate. I am furtility and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent are true. I am aware that the false information submitted in a document to the Popartment of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE I No.	DOTATION Shall be: Jongthan E. W	alker & Associates,	Inc.
The purpose for which the corporation is organized is: egitimate business purpose	<u>J</u>	Principal <u>street</u> address onathan E. Walker, LMT 224 Ocala Rd.	Mailing addre	ess, if different is:
The number of shares of stock is: 500 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: John Way Walker, President Address: Ad		ch the corporation is organized is:	siness purpose	
Name and Title: Debie Scoggins, Vice fresident Name and Title: Address: 1383 Cool View Dr. Talle held fee fl. 32303 Name and Title: Name and Title: Address: Address	The number of shares ARTICLE V II Name and Title	of stock is: 500 NITIAL OFFICERS AND/OR DIRECTOR :: Jonathan Walker, President 1224 Ocala Rd.	Name and Title:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: John Malker Address: John Malker Address: John Malker ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: John Malker Address: John Malker	Name and Title Address:	: Debbie Scoggins, Vice President 4383 Cool View Dr.	Name and Title:Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: John Han Walker Address: Jab Ocala Rd. Tallahassee FL 32304 Tallahassee FL 32304 Tallahassee FL 32304 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
The name and address of the Incorporator is: Name: Address: 124 Ocala Rd. Talla hassel, FL 32304 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 Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	The name and Florid Name:	la street address (P.O. Box NOT acceptable) of Jona than Walker 1224 Ocala Rd.	the registered agent is: - -	
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a	The name and addre Name:	SS of the Incorporator is: Jonathan Walker 1224 Ocala Rd.	- - -	ATIONS ATIONS
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
Required Signature/Incorporator / / Date		ent and affirm that the facts stated herein are artment of State constitutes a third degree felony		