

P11000069954

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(Business Entity Name)

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08/03/11--01008--005 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -3 AM 11:00

PS 8/4/11

COVER LETTER

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

SUBJECT: Jonathan E. Walker & Associates, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan E. Walker
Name (Printed or typed)
1224 Ocala Rd.
Address
Tallahassee, FL 32304
City, State & Zip
(850) 576-2129
Daytime Telephone number
walkerje0155@yahoo.com
E-mail address: (to be used for future annual report notification)

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: Jonathan E. Walker & Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
Jonathan E. Walker, LMT
1224 Ocala Rd.
Tallahassee, FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

legitimate business purpose

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jonathan Walker, President
Address: 1224 Ocala Rd.
Tallahassee, FL 32304

Name and Title: _____
Address: _____

Name and Title: Debbie Scoggins, Vice President
Address: 4383 Cool View Dr.
Tallahassee, FL 32303

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

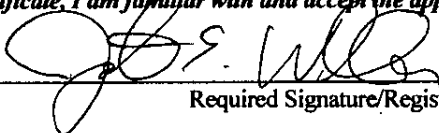
Name: Jonathan Walker
Address: 1224 Ocala Rd.
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Walker
Address: 1224 Ocala Rd.
Tallahassee, FL 32304

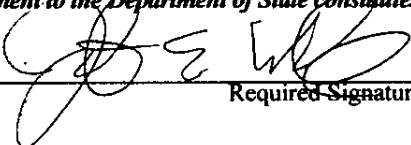
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8/1/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

8/1/11
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG - 3 AM 11:00