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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
12 MAR 27 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

SUBJECT: Walker Field Services, 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: HANNA LEMAR & MORRIS CPAs PA  
Name (Printed or typed)

6508 E Fowler Ave.  
Address

Tampa, FL 33617  
City, State & Zip

813-985-1148 X-106  
Daytime Telephone number

jblasquez@hlmcpa.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: Walker Field Services, Inc.

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12 MAR 27 PM 3:01

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

9898 E. Fowler Ave.  
Thorntonassa, FL  
33592

Mailing address, if different is:

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jayson Walker, Pres.

Address: 9898 E. Fowler Ave.  
Thorntonassa, FL  
33592

Name and Title: Eleisa Walker, VP

Address: 9898 E. Fowler Ave.  
Thorntonassa, FL  
33592

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Hanna Lemar & Morris CPAs, P.A.

Address: 6508 E. Fowler Ave.  
Tampa, FL 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jayson Walker

Address: 9898 E. Fowler Ave.  
Thorntonassa, FL 33592

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

Hanna Lemar & Morris

Required Signature/Registered Agent

03-19-2012

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.

Jayson Walker

Required Signature/Incorporator

3/19/2012

Date