

PA 0000056888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

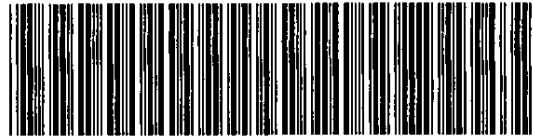
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/30/14--01017--024 **70.00

2014
14 JUN 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **N.J. Walker Corporation**

(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: **Nick Walker**

Name (Printed or typed)

13840 Osprey Links Rd. #219

Address

Orlando, FL 32837

City, State & Zip

(207) 776-4404

Daytime Telephone number

nick.walker0114@gmail.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:

N.J. Walker Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13840 Osprey Links Rd. #219

Orlando, FL 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting

ARTICLE IV SHARES

The number of shares of stock is:

1000 common shares @ par value .01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nick Walker; President

Name and Title: _____

Address 13840 Osprey Links Rd. #219

Address: _____

Orlando, FL 32837

Name and Title: N/A

Name and Title: _____

Address _____

Address: _____

Name and Title: N/A

Name and Title: _____

Address _____

Address: _____

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SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: N/A Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

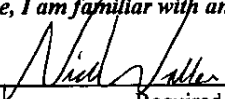
Name: Nick Walker
Address: 13840 Osprey Links Rd. #219
Orlando, FL 32837

ARTICLE VII INCORPORATOR

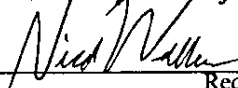
The name and address of the Incorporator is:

Name: Nick Walker
Address: 13840 Osprey Links Rd. #219
Orlando, FL 32837

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

 06/24/2014
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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 06/24/2014
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA