

P22000069/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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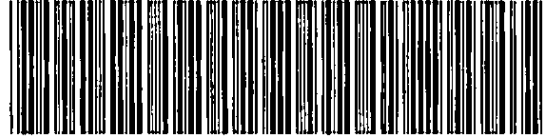
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Total Request Lending Group Inc.

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

\$87.50



FROM: Dr. D.M. Walker  
349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430  
PH: 561-449-1420  
Email: wenniem@aol.com

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TALLAHASSEE, FL 32314

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## ARTICLES OF INCORPORATION

### *ARTICLE I NAME*

The name of corporation shall be: Total Request Lending Group Inc.

### *ARTICLE II PRINCIPAL OFFICE*

349 SE 3<sup>rd</sup> Street  
Belle Glade, Florida 33430

### *ARTICLE III PURPOSE*

The purposes for which this Corporation is organized is: To engage in any and all businesses both Nationally and Internationally. To engage in the business of affordable residential and commercial housing developments. To operate as a financier, Developer and Contractor. To engage in mechanized agriculture and any and all legal business within the United States and outside of the United States..

### *ARTICLE IV SHARES*

The number of shares of stock is: 1,000,000 one million shares

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

Name and Title: Dr. D.M. Walker, President/CEO

Address: 349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430

Name and Title: Ralph Walker, Director

349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430

Name and Title: Angeletta T. Sewell

349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430  
Secretary/ Treasurer

### *ARTICLE VI REGISTERED AGENT*

The name and Florida Street address:

Name: Moses Barber  
349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. D.M. Walker  
349 SE 3<sup>rd</sup> Street  
Belle Glade, FL 33430

*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.*

Moses Barba

Required Signature/Registered Agent

8/22/22  
Date

*I submit this document and affirm that 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 and provided for in s.817.155.55, F.S.*

Dr D.M Walker

Required Signature/Incorporator

August 22, 2022  
Date

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TALLAHASSEE, FL 32399