

N04000001949

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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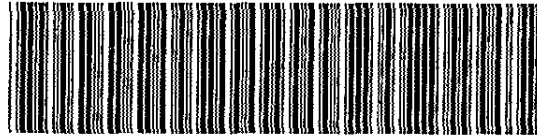
(Business Entity Name)

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W04-6236

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04 FEB 23 AM 8:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02-26-04  
T.B.

## TRANSMITTAL LETTER

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

SUBJECT: The Walk of Tampa Bay, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Lisa M. Moffett

Name (Printed or typed)

8927 Delta Lane

Address

Tampa, FL 33625

City, State & Zip

813-886-0501

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 13, 2004

LISA M. MOFFETT  
8927 DELTA LANE  
TAMPA, FL 33635

SUBJECT: THE WALK, INC.  
Ref. Number: W04000006236

We have received your document for THE WALK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 804A00009940

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

The Walk of Tampa Bay, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8927 Delta Lane  
Tampa, FL 33635

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The primary purpose of this organization is exclusively religious, charitable, literary, scientific, or educational within the meaning of Section 501 (c) (3) of the Internal Revenue Code of 1986 or such other provisions of state or federal law as may from time to time be applicable. The specific purposes of the corporation are to provide a healthy, safe, drug-free learning environment that is for the youth of the area through recreation and child-care.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the President and Vice-President

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Lisa M. Moffett: 8927 Delta Lane, Tampa, FL 33635 - President/Director

Donald J. Carpintier, Jr.: 8927 Delta Lane, Tampa, FL 33635 - Vice President/Director

Kathleen J. Esperedy: 15147 Plantation Oaks Dr. #8, Tampa, FL 33647 - Director

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Lisa M. Moffett  
8927 Delta Lane  
Tampa, FL 33635

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa M. Moffett  
8927 Delta Lane  
Tampa, FL 33635

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*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.*

*Lisa M. Moffett*  
\_\_\_\_\_  
Signature/Registered Agent

02/20/2004

\_\_\_\_\_  
Date

*Lisa M. Moffett*  
\_\_\_\_\_  
Signature/Incorporator

02/20/2004

\_\_\_\_\_  
Date

FILED  
04 FEB 23 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA