

N11D000004170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

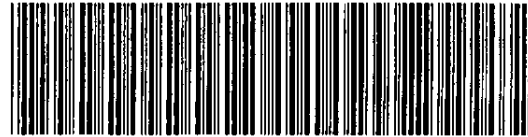
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 APR 26 AM 8:19

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: CityWalk City Fit Foundation, 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: Faith Felder  
Name (Printed or typed)

2901 St Isabel Street Suite A-3  
Address

Tampa FL 33607  
City, State & Zip

813-874-2642  
Daytime Telephone number

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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: City Walk City Fit Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2901 St Isabel Street  
Suite A-3  
Tampa FL 33607

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Our Mission is to encourage individuals to walk daily to improve their health.  
Through donations to the foundation, it will develop fitness programs for the  
community

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Directors/Trustee are appointed by Founder

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

Name and Title: Dr. Faith Felder, Founder - Chairperson  
Address: 2901 St Isabel Str  
Suite A-3  
Tampa, FL 33607

Name and Title: Dr. Kaylene Weir Cox, Trustee  
Address: 2901 St Isabel Str  
Suite A-3  
Tampa FL 33607

Name and Title: Ira Weir, Trustee  
Address: 2901 St Isabel Str  
Suite A-3  
Tampa, FL 33607

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Faith Felder  
Address: 2901 St Isabel Street  
Suite A-3  
Tampa FL 33607

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Faith Felder  
Address: 2901 St Isabel Street  
Suite A-3  
Tampa, FL 33607

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

[Signature]  
Required Signature of Registered Agent

4.21.11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]  
Required Signature of Incorporator

4.21.11  
Date