

W1600007716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

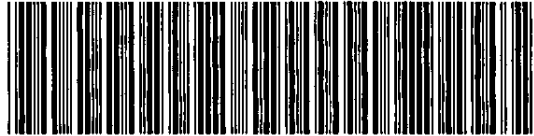
Special Instructions to Filing Officer:

Office Use Only

W1600007716

AUG 10 2018

T. SCOTT



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16 JUL 21 AM 8:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2016

RACHEL MANGAN
2090 DYAN WAY
MAITLAND, FL 32751

SUBJECT: KEEP ON WALKING, *inc.*
Ref. Number: W16000047180

We have received your document for KEEP ON WALKING 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 416A00014131

RECEIVED

16 JUL 21 PM 12:43

TALLAHASSEE, FLORIDA

Please see the corrected documents reflecting the name to be Keep on Walking, *inc.*

Thank you -

www.sunbiz.org

COVER LETTER

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

SUBJECT: Keep On Walking, 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: Rachel Mangan

Name (Printed or typed)

2090 Dyan Way

Address

Maitland, FL 32751

City, State & Zip

321-362-8118

Daytime Telephone number

rachel@keeponwalking.org

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: Keep On Walking, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>2090 Dyan Way</u> <u>Maitland, FL 32751</u>	Mailing address, if different is: _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide financial and resource support for families recently encountering a
encountering a medical diagnosis.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rachel M. Mangan, President</u> Address: <u>2090 Dyan way</u> <u>Maitland, FL 32751</u>	Name and Title: <u>Nicholas L Mangan, Vice President</u> Address: <u>2090 Dyan way</u> <u>Maitland, FL 32751</u>
Name and Title: <u>Doris Houck, Secretary</u> Address: <u>802 N. Thistle Ln</u> <u>Maitland, FL 32751</u>	Name and Title: <u>Rachel Mangan, Treasurer</u> Address: <u>2090 Dyan way</u> <u>Maitland, FL 32751</u>
Name and Title: <u>Terra Carilli, Assistant Secretary</u> Address: <u>2131 Dyan Way</u> <u>Maitland, FL 32751</u>	Name and Title: <u>Terra Carilli, Assistant Treasurer</u> Address: <u>2131 Dyan Way</u> <u>Maitland, FL 32751</u>

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ 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: Rachel Mangan

Address: 2090 Dyan Way

Maitland, FL 32751

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rachel Mangan

Address: 2090 Dyan Way

Maitland, FL 32751

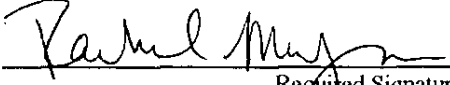
ARTICLE VIII EFFECTIVE DATE: 6/25/2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

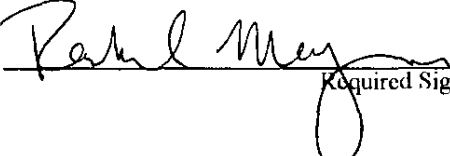
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

6/25/2016
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.


Required Signature of Incorporator

6/25/2016
Date