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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** KEY WEST NATIONAL ORGANIZATION FOR WOMEN, 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:** RICHARD BOETTGER

\_\_\_\_\_  
Name (Printed or typed)

1402 OLIVIA ST. #1

\_\_\_\_\_  
Address

KEY WEST FL 33040

\_\_\_\_\_  
City, State & Zip

305-294-8503

\_\_\_\_\_  
Daytime Telephone number

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

**ARTICLE I NAME**

The name of the corporation shall be: KEY WEST NATIONAL ORGANIZATION FOR WOMEN, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

22749 BUCCANEER LANE

CUDJOE LANE, FL 33042

Mailing address, if different is:

PO BOX 6324

KEY WEST FL 33041

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Key West NOW's purpose is to bring women into full  
participation in the mainstream of American society now, exercising all privileges and responsibilities thereof in truly  
equal partnership with men. This purpose includes, but is not limited to, equal rights and responsibilities in all  
aspects of citizenship, public service, employment, education, and family life, and it includes freedom from  
discrimination because of race, religion, ethnic origin, age, marital status, sexual orientation, parenthood, gender,  
or political affiliation.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: At annual meeting..

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

Name and Title: ELIZABETH HOKE, PRESIDENT

Address: PO BOX 6324

KEY WEST FL 33041

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

Address: \_\_\_\_\_

Name and Title: W. CHRISTINE THOMPSON, V.P.

Address: 22749 BUCCANEER LANE

CUDJOE LANE, FL 33042

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

Address: \_\_\_\_\_

Name and Title: RICHARD BOETTGER, TREASURER

Address: 1402 OLIVIA ST. #1

KEY WEST FL 33040

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

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 SEP -9 PM 4:19

FILED

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: W. CHRISTINE THOMPSON

Address: 22749 BUCCANEER LANE  
CUDJOE LANE, FL 33042

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RICHARD BOETTGER

Address: 1402 OLIVIA ST. #1  
KEY WEST FL 33040

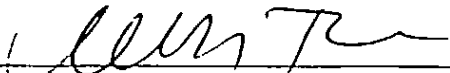
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

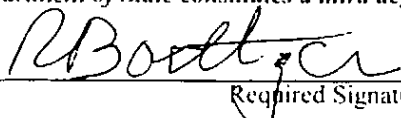
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

9-4-2019  
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

Sep 4, 2019  
Date

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Address: \_\_\_\_\_

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Address: 22749 BUCCANEER LANE  
CUDJOE LANE, FL 33042

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

Address: \_\_\_\_\_

Name and Title: RICHARD BOETTGER, TREASURER

Address: 1402 OLIVIA ST. #1  
KEY WEST FL 33040

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

Address: \_\_\_\_\_

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KEY WEST FL 33040

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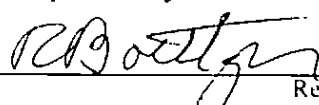
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