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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Welaka Walks Inc.**

Certificate of Status	0
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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** Welaka Walks 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:** Erik Treutlein, Legalzoom.com, Inc.

Name (Printed or typed)

9900 Spectrum Drive

Address

Austin, TX 78717

City, State & Zip

323 962-8600 ext. 9724

Daytime Telephone number

ramanagement@legalzoom.com

E-mail address: (to be used for future annual report notification)

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

2024 JUN 24 1:34

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**The name of the corporation shall be: Welaka Walks Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:289 Maxwell Dr.Welaka, FL 32193

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Please see attachment

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: The method by  
which the directors of the corporation are elected or appointed will be stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kimberly Dugger, P. DAddress: 289 Maxwell Dr  
Welaka, FL 32193Name and Title: Janis Brown, TAddress: 289 Maxwell Dr  
Welaka, FL 32193Name and Title: Lurie Easterwood, SAddress: 289 Maxwell Dr  
Welaka, FL 32193Name and Title: Kenneth Pagano, DAddress: 289 Maxwell Dr  
Welaka, FL 32193Name and Title: Mieshell Turner, DAddress: 289 Maxwell Dr  
Welaka, FL 32193

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

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

2024 Jun 24 1:35

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: United States Corporation Agents, Inc.Address: 476 Riverside Ave.Jacksonville, FL 32202**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Kimberly DuggerAddress: 289 Maxwell Dr.Welaka, FL 32193**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*

Erik Treutlein.05/28/2024

Required Signature of Registered Agent

Date

Erik Treutlein, United States Corporation Agents, Inc.

*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.*

Kimberly Dugger

Required Signature of Incorporator

June 17, 2024

Date

Kimberly Dugger