

P16000063616

(Requestor's Name)

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(City/State/Zip/Phone #)

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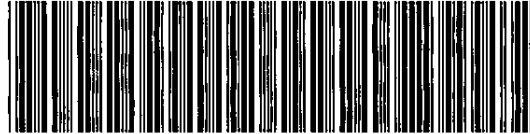
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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COVER LETTER

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

SUBJECT: Walkitate Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tracy Tilson Laux
Name (Printed or typed)
5900 NW 4th Avenue
Address
Boca Raton, FL 33487
City, State & Zip
561-715-1554
Daytime Telephone number
ttilson@tilsonpr.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Walkitate Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5900 NW 4th Avenue
Boca Raton, FL 33487

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Create and maintain website, tech applications and related products
melding walking as exercise with meditation along with inspirational, motivational and other elements.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tracy Tilson Laux, President

Name and Title:

Address 5900 NW 4th Avenue
Boca Raton, FL 33487

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SEC. OF STATE
TFL
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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: Tracy Tilson Laux

Address: 5900 NW 4th Avenue

Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

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

Name: Tracy Tilson Laux

Address: 5900 NW 4th Avenue

Boca Raton, FL 33487

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 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

Tracy Tilson Laux

Required Signature/Registered Agent

July 20, 2016

Date

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

Tracy Tilson Laux

Required Signature/Incorporator

July 20, 2016

Date

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