

N11000010479

(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:

CORRECTED REGISTERED  
AGENT'S NAME IN ARTICLE  
#5 PER TELEPHONE  
CONVERSATION WITH MARY  
COLEMAN.

K 11/08/11

Office Use Only



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10/24/11--01007--010 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV -7 PM 3:45

FILED

W11-54689

K 11/08/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2011

MARY COLEMAN  
P.O. BOX 664  
NEWBERRY, FL 32669

SUBJECT: NHS CJ BOOSTERS, INC.  
Ref. Number: W11000054689

We have received your document for NHS CJ BOOSTERS, INC. 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 registered agent and street address must be consistent wherever it appears in your document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00024413

## COVER LETTER

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

SUBJECT: NHS CJ BOOSTERS, 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: Mary Coleman  
Name (Printed or typed)

P.O. Box 664  
Address

Newberry, Florida 32669  
City, State & Zip

352-372-1282  
400 SW 23rd Ave. Telephone number

mary@foldsandwalker.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

OF

### NHS CJ BOOSTERS, INC.

The undersigned do hereby associate for the purpose of becoming a corporation not for profit pursuant to the "Florida Not for Profit Corporation Act", Florida Statutes Chapter 617, and do hereby certify that the following Articles of Incorporation have been adopted:

#### ARTICLE I

The name of the corporation is **NHS CJ BOOSTERS, INC.**

#### ARTICLE II

This corporation shall have perpetual existence and its existence shall commence on the date which these articles are filed.

#### ARTICLE III

This corporation is organized to engage in those activities and for the purpose of providing charitable donations and financial counseling to the needy, to educate, communicate and provide ministry of the word of God, and it is intended that this organization be exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 as amended, and it is intended that this corporation qualify for a corporation not-for-profit pursuant to Section 617 of the Florida Statutes, specifically known as and to comport with the Florida Not-for-Profit Corporation Act.

#### ARTICLE IV

This corporation is organized upon a non-stock basis and shall not issue shares of stock, but rather membership of such corporation will be evidenced by a certificate of membership which shall contain the statement, printed primarily upon the face of the certificate, that the corporation is a not-for-profit corporation. No dividend shall be paid and no part of the income of the corporation shall be distributed to its members, directors, or officers. Such corporation may pay compensation of a reasonable amount to its

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*NHS CJ BOOSTERS, INC.*  
*Articles of Incorporation*

members, directors, and officers for services rendered, may confer benefits upon its members in conformity with its purposes, and upon dissolution and final liquidation, all assets of the corporation are to be distributed to a religious, charitable, or other organization of the type described in Section 501(c)(3) and exempt under Section 501(a) of the Internal Revenue Code. Further the qualifications for members and the manner of their admission will be as that stated and is regulated by the by-laws of this corporation.

ARTICLE V

- (a) The street address of the initial registered office of this corporation is 527 E. University Avenue, Gainesville, Florida 32601 and the name of the initial registered agent of this corporation at that address is S. SCOTT WALKER.
- (b) The principal office address of this corporation is 400 SW 258<sup>th</sup> Avenue, Newberry, Florida 32669 and the mailing address of this corporation is P.O. Box 664, Newberry, Florida 32669.
- (c) Directors shall be elected or appointed as stated in the By-Laws.

ARTICLE VI

This corporation shall have four (4) directors initially. The number of directors may be increased or decreased from time to time by majority vote of the directors then elected, but shall never be less than six (6). The name and address of the first Board of Directors who, subject to the provisions of these Articles of Incorporation, the By-Laws of this corporation and the laws of the State of Florida, shall hold office until, the first meeting of members and until their successors have been elected and qualified, or until their earlier resignation, removal from office or death, is as follows:

<u>Name</u>	<u>Address</u>
Wendy McGriff	P.O. Box 664, Newberry, FL 32669
Christina Finley	P.O. Box 664, Newberry, FL 32669
Mary Coleman	P.O. Box 664, Newberry, FL 32669

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TALLAHASSEE, FLORIDA

Marti Parsells

P.O. Box 664, Newberry, FL 32669

ARTICLE VII

The name and street address of each incorporator is as follows:

Name

Address

Mary Coleman

P.O. Box 664, Newberry, FL 32669

ARTICLE VIII

The officers of this corporation shall be a President, a Vice-President, a Secretary, a Treasurer and Program Director and such other officers, agent and factors as may be deemed necessary. All officers, agents and factors shall be chosen in such manner, hold their offices for such terms and have such powers and duties as may be prescribed by the by-laws or determined by the Board of Director.

ARTICLE IX

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors.

ARTICLE X

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter provided by law, and all rights conferred on members herein are granted, subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has hereunto set her hand and seal this 18<sup>th</sup> day of October, 2011, Incorporation for the purpose of forming this corporation under the laws of the State of Florida, and he hereby makes and files, in the office of the Secretary of State, State of Florida, these Articles of Incorporation, and certifies that the facts herein stated are true.

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TALLAHASSEE, FLORIDA

NHS CJ BOOSTERS, INC.  
Articles of Incorporation

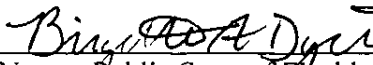
  
MARY COLEMAN, incorporator,

President  
STATE OF FLORIDA  
COUNTY OF ALACHUA

BEFORE ME, personally appeared MARY COLEMAN to me well known and known to me to be the individual described in and who executed the foregoing Article of Incorporation, and acknowledges before me that she executed the same for the purposes herein expressed.

WITNESS my hand and official seal this 3<sup>rd</sup> day of October, 2011.



  
Notary Public State of Florida  
My Commission Expires:

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11 NOV -7 PM 3:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR  
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM  
SERVICE OF PROCESS MAY BE SERVED

Pursuant to sections 617.0202, 617.0501, and 48.091 of the Florida Statutes, **NHS CJ BOOSTERS, INC.** desiring to organize under the laws of the State of Florida, with its registered office, as indicated in the Articles of Incorporation, has named S. SCOTT WALKER, ESQUIRE, at 527 E. University Avenue, Gainesville, Florida 32601 as its registered agent to accept service of process within this state.

ACKNOWLEDGEMENT

The undersigned, being familiar with the obligations of a registered agent and having been named to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the obligations of this position and agree to comply with the provisions of said Act relative to keeping my office open.

  
S. Scott Walker, Registered Agent