

N13000001395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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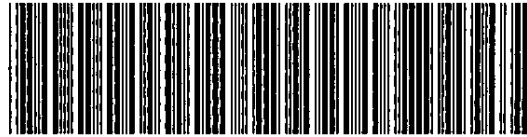
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

18 FEB 12 2013

## COVER LETTER

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

**SUBJECT:** Joshua's Tree Church Incorporated.

(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:** Jeffery Jay  
Name (Printed or typed)

4809 Cheryl Ct  
Address

Pace, FL 32571  
City, State & Zip

850-712-1342  
Daytime Telephone number

sgtjeffjay@yahoo.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: Joshua's Tree Church Incorporated

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
4809 Cheryl Ct, Pace, FL 32571

Mailing address, if different is \_\_\_\_\_

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**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: To provide professional ministerial services such as weddings, funerals, counseling, worship services, Christian educational opportunities, and to provide for the spiritual needs of \_\_\_\_\_

To provide professional ministerial services such as: Weddings,  
Funerals, Counseling, Worship services, Christian Educational opportunities,  
Communion, Visitation, and to provide for the spiritual needs of those  
whom choose to worship with us.

**ARTICLE IV      MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_

Directors, if any, will be appointed and or dismissed by the founder, Jeffery Jay

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

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

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

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

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

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

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

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: Jeffery Jay

Address: 4809 Cheryl Ct  
Pace, Fl 32571

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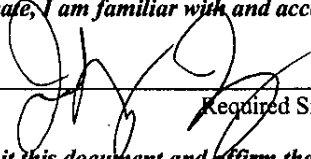
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeffery Jay

Address: 4809 Cheryl Ct  
Pace, Fl 32571

*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

2-8-13

\_\_\_\_\_  
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

2-8-13

\_\_\_\_\_  
Date