

NA0000004674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

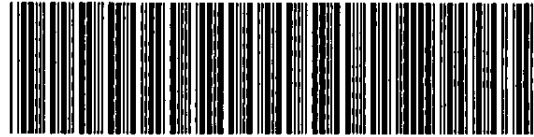
(Business Entity Name)

(Document Number)

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14 MAY 12 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WKA-17069

## COVER LETTER

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

SUBJECT: **The Joshua Project**

(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: **Rosemarie Walters**

Name (Printed or typed)

**9411 Osprey Branch Trail**

Address

**Jacksonville, FL 32257**

City, State & Zip

**904-300-8962**

Daytime Telephone number

**florida.rose33@gmail.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2014

ROSEMARIE WALTERS  
9411 OSPREY BRANCH TRL #4  
JACKSONVILLE, FL 32257

SUBJECT: THE JOSHUA PROJECT  
Ref. Number: W14000017069

RECEIVED  
14 MAY 12 AM 11:32  
STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE JOSHUA PROJECT 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 414A00005750

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: The Joshua Project, Inc. Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

13282 Long Cypress Trail

Jacksonville, FL 32223

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Revitalize communities through refurbishing distressed houses, and working with families to create a safe, and sustainable neighborhoods.

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

Directors will be appointed

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

Name and Title: Rosemarie Walters, President/CEO

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

Name and Title: Bryan Walters, Director

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

Name and Title: Gary Campbell, Director

Address: 111-30 155th Street  
Jamaica, New York 11433

Name and Title: Ezra Walters, Director

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

Name and Title: Jonathan Walters, Director

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

Name and Title: [REDACTED]

Address: [REDACTED]

FILED  
14 MAY 12 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Rosemarie Walters

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

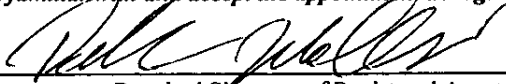
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rosemarie Walters

Address: 13282 Long Cypress Trl  
Jacksonville, FL 32223

*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*

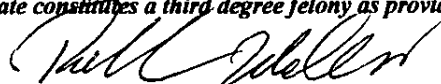


Required Signature of Registered Agent

March 6, 2014

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

March 6, 2014

Date

FILED  
14 MAY 12 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA