

N220 0000 7624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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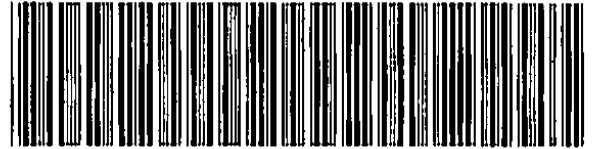
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL 32301

D. O'KEEFE

JUL -7 2022

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## COVER LETTER

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

**SUBJECT:** Josh's Gift 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:** William G Burkett  
\_\_\_\_\_  
Name (Printed or typed)

2908 Linari Ct  
\_\_\_\_\_  
Address

New Smyrna Beach, FL 32168  
\_\_\_\_\_  
City, State & Zip

386-852-7977  
\_\_\_\_\_  
Daytime Telephone number

sbic550@aol.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: Josh's Gift Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2908 Linari Ct

New Smyrna Beach, FL 32168

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Josh's Gift will be for those who need a special gift or a helping hand (people or animals) to get by whether it be money, food, clothing or mental support.

The organization is organized exclusively for charitable, religious, educational, and scientific purposes under 501(c)(3) of the Internal Revenue Code, or corresponding section of any future tax code.

Dissolution Clause: Upon the dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

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

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

Name and Title: William G Burkett - President

Address: 2908 Linari Ct.  
New Smyrna Beach, FL 32168

Name and Title: Michele R. Goeb-Burkett - Director

Address: 2908 Linari Ct.  
New Smyrna Beach, FL 32168

Name and Title: Ryan Burkett - Director

Address: 3619 Romea Circle  
New Smyrna Beach, FL 32168

Name and Title: Danielle Burkett - Director

Address: 3619 Romea Circle  
New Smyrna Beach, FL 32168

Name and Title: Jeri Solamain - Director

Address: 4665 Grand Strand Dr.  
Grove City, OH 43123

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN 27 AM 9:39

FILED

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: William G Burkett

Address: 2908 Linari Ct.

New Smyrna Beach, FL 32168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: William G Burkett

Address: 2908 Linari Ct.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

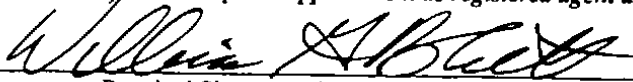
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/20/2022 (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.)

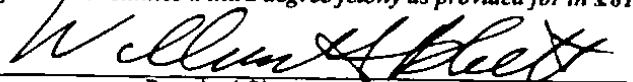
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature of Registered Agent

6/20/2022  
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

6/20/2022  
Date