

P10000029825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

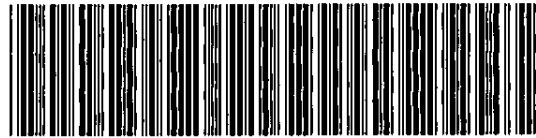
(Business Entity Name)

(Document Number)

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

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RECEIVED  
10 APR -6 PM 4:18  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 APR -6 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 4/16

## COVER LETTER

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

SUBJECT: Domestication of JOSHUA GROUP SOLUTIONS, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ <u>78.75</u>
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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\_\_\_\_\_  
Name (printed or typed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone Number

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

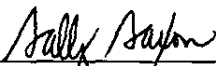
## CERTIFICATE OF DOMESTICATION

The undersigned, Sally Saxon, President  
(Name) (Title)  
of JOSHUA GROUP SOLUTIONS, INC. a foreign corporation  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 26, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was ILLINOIS (under the name THE JOSHUA GROUP, INC.).
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was JOSHUA GROUP SOLUTIONS, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is JOSHUA GROUP SOLUTIONS, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was GEORGIA (originally under the name JOSHUA GROUP ENTERPRISES, INC.).
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of Joshua Group Solutions, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 6th day of April, 2010.



(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

JOSHUA GROUP SOLUTIONS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Place of Business: 1049 E. Point Washington Road, Santa Rosa Beach, FL 32459

Mailing Address:                    174 WaterColor Way #345, Santa Rosa Beach, FL 32459

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any lawful purpose allowed by the laws of the State of Florida.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1,000 (One thousand)

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Sally H. Saxon, 174 WaterColor Way #345, Santa Rosa Beach, FL 32459

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Sally Saxon, 1049 E. Point Washington Road, Santa Rosa Beach, FL 32459

**ARTICLE VII    INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Sally Saxon, 174 WaterColor Way #345, Santa Rosa Beach, FL 32459

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Sally Saxon  
Signature/Registered Agent

4/6/10  
Date

Sally Saxon  
Signature/Incorporator

4/6/10  
Date