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03/15/16--01007--013 **78.75

MAR 14 2016

S. PRATHER

COVER LETTER

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

SUBJECT: Joseph C. Watts Family Center & Research Institute, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Eshanda James Nwamara

Name (Printed or typed)

7798 Mordecai Court

Address

Jacksonville, FL 32210

City, State & Zip

904-704-8399

Daytime Telephone number

eshandajames.nwamara@gmail.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Joseph C. Watts Family Center & Research Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7798 Mordecai Court
Jacksonville, FL 32210

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide counseling and mediation services to families

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eshanda James Nwamara

Address 7798 Mordecai Court
Jacksonville, FL 32210

Name and Title: Anthony Ajuzieogu Nwamara

Address: 7798 Mordecai Court
Jacksonville, FL 32210

Name and Title: Casandra Nicole James

Address 729 Shayne Street
Brooksville, FL 34601

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: Eshanda James Nwamara _____

Address: 7798 Mordecai Court _____

Jacksonville, FL 32210 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Eshanda James Nwamara _____

Address: 7798 Mordecai Court _____

Jacksonville, FL 32210 _____

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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/Registered Agent

02-24-2016

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

2/24/16

Date