

PIB 000 078 591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

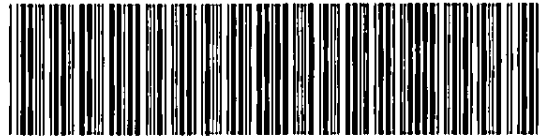
(Business Entity Name)

(Document Number)

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

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2018 SEP 19 AM 10:45

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18 SEP 19 AM 10:32

D O'KEEFE  
SEP 19 2018

## COVER LETTER

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

SUBJECT: Joshua Ne-No Daycare 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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Valerie Williams  
Name (Printed or typed)

1110 Creek Rd  
Address

Tallahassee, FL 32305  
City, State & Zip

(850) 274-8065  
Daytime Telephone number

VWilliams0808@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: Joshua NE-Na Daycare INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

1110 Creek Rd  
Tallahassee FL 32305

Mailing address, if different is:

P.O. Box 5112  
Tallahassee FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Care for children's while  
their parents or grandparents are at work. They  
will have 2 Full meals and 3 snacks.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:

Valerie Williams

Name and Title:

[Redacted]

Address

1110 Creek Rd  
Tallahassee  
Florida, 32305

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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2018 SEP 19 AM 10:45  
TALLAHASSEE, FL

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: Valerie Williams  
Address: 1110 Creek Rd  
Tallahassee FL, 32305

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valerie Williams  
Address: 1110 Creek Rd  
Tallahassee FL, 32305

**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 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*

Valerie N. Williams  
Required Signature/Registered Agent

09/19/18  
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.*

Valerie N. Williams  
Required Signature/Incorporator

09/19/18  
Date

2018 SEP 19 11:10:48

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