

TRANSMITTAL LETTER

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

SUBJECT: Destiny Intergenerational, ~~CORP~~ Coop.
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed is an original and (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: Ms. Ruenell B. Lorio
Name (printed or typed)

11535 S.W. 215th Street
Address

Goulds, Florida 33189
City, State & Zip

(305) 235-5317
Daytime Telephone Number

Note: Please provide the original and one copy of the articles.

Articles of Incorporation
of
Destiny Intergenerational Center, Corp.

The undersigned subscribers to these Articles of Incorporation, desiring to form a not-for-profit corporation under the laws of the State of Florida, do hereby accept all of the rights and privileges, benefits and obligations conferred and imposed by said laws and do hereby adopt the following Articles of Incorporation as the Charter of the Corporation hereby organized.

Article I. Corporate Name

The name(s) of this Corporation shall be:
Destiny Intergenerational Center, Inc.
Principal Address: 11535 S.W. 215th Street
Goulds, Florida 33189

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article II. Terms of Existence

This corporation shall have perpetual existence

Article III. Purposes and Powers

This Corporation is organized for the purpose of engaging in all lawful activities permitted to not-for-profit corporations organized under the Florida General Corporation Act, as in effect from time to time.

This non-profit is organized for the purpose of engaging in spiritual, motivational charitable and educational missions in order to assist persons toward a life of self sufficiency. To provide a safe, secure and structured facility for intergenerational programming, services and projects that will include but not be limited to Interdenominational Spiritual Education Workshops, Seminars and Lectures, Feeding and Clothing programs, Life Skills, Motivational and Behavioral Modification, Cosmetology Testing Preparatory, Adult Literacy, Computer Literacy, LPN Test Preparatory, After School Care Program, Senior Day Care Program. All of the contained programs, services and projects will be operated within the guidelines and meaning of the state of Florida's non-profit corporations and in accordance of the Federal Tax Exempt Statutes within the meaning of the 501 (c) (3).

Article IV. Capital Stock

There will be no capital stock in this corporation.

Article V. Initial Capital

The amount of capital with which this Corporation may be in business shall not be less than **One Hundred Dollars (\$100.00)**.

Article VI. Directors

This Corporation shall have one Executive Director initially and two other respective Directors. The number of directors may be increased or diminished from time to time by the By-Laws of the Corporation.

The name and mailing address of the initial director who shall hold office until his successor or successors are elected and have qualified are as follows:

***Ms. Tuenell B. Lorio, Executive Director
11535 S.W. 215th Street
Goulds, Florida 33189***

Article VII. Officers

The names, addresses and offices of the Officers who will serve until the first election or appointment under these Articles of Incorporation are:

<i>Name</i>	<i>Street Address</i>	<i>Office</i>
<i>Ms. Ruenell B. Lorio</i>	<i>11535 S.W. 215th Street, Goulds, FL 33189</i>	<i>Executive Director</i>
<i>Mr. Lawrence Bryant</i>	<i>11535 S.W. 215th Street, Goulds, FL 33189</i>	<i>Administrative Director</i>
<i>Mr. Travis Davis</i>	<i>11535 S.W. 215th Street, Goulds, FL 33189</i>	<i>Director</i>
<i>Mr. Miles Lorio</i>	<i>11535 S.W. 215th Street, Goulds, FL 33189</i>	<i>Deputy Director</i>

Article VIII. Registered Agent and Registered Office

The Corporation's Resident Agent for services in the state of Florida shall be:

Ms. Ruenell B. Loria, Executive Director

The address of the registered office of this corporation shall be:

Principal: ***Ms. Ruenell B. Loria, Executive Director***
Address: ***11535 S.W. 315th Street
Goulds, Florida 33189***

Article IX. Amendments

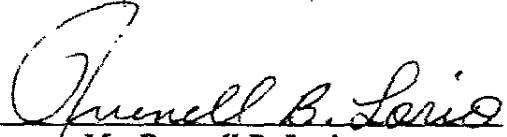
This Corporation reserves the rights to amend, alter, modify, or repeal any provision or provisions contained in these Articles of Incorporation, any amendment hereto in the manner now or hereafter prescribed by the Statutes of the State of Florida, and any rights and powers conferred upon the Directors and Board of Advisors herein are granted subject to this reservation.

Article X. Incorporator

The name and mailing address of the Incorporator is as follows:

Ms. Ruenell B. Lorio, Executive Director
Principal Address: 11535 S.W. 215th Street
Goulds, Florida 33189

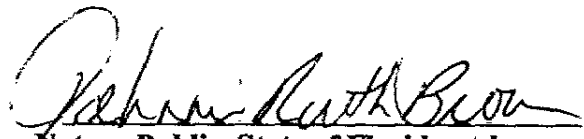
IN WITNESS WHEREOF, the above named Incorporators, Directors, and Registered Agent has hereunder subscribed his name, this 2 day of August, 2004.

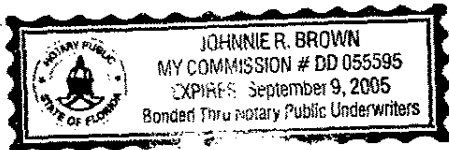

Ms. Ruenell B. Lorio
Registered Agent

State of Florida)
 ss:
County of Dade)

Before me the undersigned authority personally appeared Ms. Ruenell B. Lorio who is to me well known to be the person(s) described in and who subscribed the foregoing Articles of Incorporation, and he did freely and voluntary acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid this 2nd day of August, 2004.


Notary Public, State of Florida at-large



_____ My Commission Expires: 09/09/05
(Seal)

**Certificate of Designation
Registered Agent/Registered Office**

PURSUANT to the provisions of Section 60 7.0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida:

1. The name of the Corporation is
Destiny Intergenerational Center, Corp.
2. The name and address of the registered agent and office is:
**Ms. Ruenell B. Lorio, Executive Director
11535 S.W. 215th Street
Goulds, Florida 33189**

Signature: _____

Corporate Officer

Title: **Executive Director**

Dated: 8/2/04

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as Registered Agent.

Signature: _____

Dated: 08/02/04