

NI00000010783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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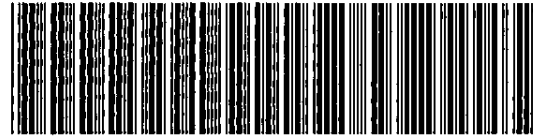
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 11/18

45005-1M
WC

COVER LETTER

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

SUBJECT: DESTINY FOUNDATION INTERNATIONAL 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: SUZE JEAN LOUIS

Name (Printed or typed)

13982 FOLKSTONE CIRCLE

Address

WELLINGTON, FL 33414

City, State & Zip

321-460-7705

3214 JEFFERSON AVE, TALLAHASSEE, FL 32314
Telephone number

MDICERNE@YAHOO.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2010

SUZE JEAN LOUIS
13982 FOLKSTONE CIRCLE
WELLINGTON, FL 33414

SUBJECT: DESTINY FOUNDATION INTERNATIONAL INC.
Ref. Number: W10000050084

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 16 PM 12:04

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We have received your document for DESTINY FOUNDATION INTERNATIONAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 910A00025147

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: DESTINY FOUNDATION INTERNATIONAL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3214 JERSEY COURT
FORT PIERCE, FL 34947

Mailing address, if different is:
13982 FOLKSTONE CIRCLE
WELLINGTON, FL 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS NON-PROFIT IS TO BUILD A CHURCH, A SCHOOL, AND A HOSPITAL TO HELP INDIVIDUALS AND FAMILIES IN THE LAGONAVE REGIONAL AREA TO HAVE ACCESS TO BASIC HEALTH CARE, BASIC EDUCATION AND A PLACE TO WORSHIP

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
ONLY DICERNE MAGLOIRE AND SUZE JEAN LOUIS SHALL APPOINT NEW OFFICERS AND/OR DIRECTORS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT, EVEG.DICERNE MAGLOIRE
Address: 3214 JERSEY COURT
FORT PIERCE, FL 34947

Name and Title: _____
Address: _____

Name and Title: TREASURER, ROLAND MARC.
Address: 3214 JERSEY COURT
FORT PIERCE, FL 34947

Name and Title: _____
Address: _____

Name and Title: SECRETARY, SUZE JEAN LOUIS
Address: 13982 FOLKSTONE CIRCLE
WELLINGTON, FL 33414

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: SUZE JEAN LOUIS
Address: 13982 FOLKSTONE CIRCLE
WELLINGTON, FL 33414

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DICERNE MAGLOIRE
Address: 3214 JERSEY COURT
FORT PIERCE, FL 34947

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

Suze Jean Louis
Required Signature of Registered Agent

10/11/2010

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.

[Signature]
Required Signature of Incorporator

10/11/2010

Date

FILED
10 NOV 16 PM 12:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA