N120005742

	(Requestor's Name)
	(Address)
	(Address)
····	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
	s to Filing Officer:
AUTHORIZA LUBACO**	Article III + I
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Office Use Only



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SECRETARY OF STATE



12 JUN -7 AH ID: 24

FLORIDA DEPARTMENT OF STATE SAVISION OF BEAPORATIONS Division of Corporations

May 22, 2012

THOMAS G WHITSETT 2645 SE 110TH ST OCALA, FL 34480

SUBJECT: BRADLEY N WHITSETT Ref. Number: W12000028262

We have received your document for BRADLEY N WHITSETT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return 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) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 812A00014956

COVER LETTER

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

SUBJECT: Bradley N. Whitsett							
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLI</u>	UDE SUFFIX)				
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	d 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				
	2	ADDITIONAL C	ODV DEGIJDEN				
		ADDITIONAL CO	OF F REQUIRED				
FROM: Thomas G. Whitsett							
Name (Printed or typed)							
2645 SE 110th Street							
Address							
Ocala, Florida 34480							
	City, St	ate & Zip	-				
(352) 307-6271							
		ephone number	_				
tgwhitsett@gmail.com							
	E-mail address: (to be used for fu		tion)				

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

Thomas G. Whitsett P. O. Box 604 Belleview, Florida 34421

June 1, 2012

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

Subject: Bradley N. Whitsett Ref. Number W12000028262

Dear Pamela Smith:

I am returning a revised document including the following changes: The NAME of the Corporation is now, "Kingdom Destination, Inc." replacing "Bradley N. Whitsett." In addition, the "purpose of the corporation" has been revised.

Thank you for assistance in revising the application for the not-for-profit corporation filling. It is noted that our check for \$87.50 remains in your possession.

incerely

Thomas G. Whitsett

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the c	Name Kingdom Destination, I orporation shall be:	nc.			
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address		Mailing address, if different		
	2645 SE 110th Street	_	P. O Box 604		
	Ocala, Florida 34480		Belleview, Florida 34480		_
ARTICLE III	PURPOSE				
	which the corporation is organized is:				
P. P		urch/cell chui	rch leaders ongoing training	n and	
resources to	sustain their ministries.	aronyoon ona	on loaders ongoing daming	, una	
ARTICLE IV	MANNER OF BLECTION The manner in	which the director	rs are elected and appointed:		
Annual Boar	d Meetings				
	INITIAL OFFICERS AND/OR DIRECTO	PS			
Name and	Title: Bradley N. Whitsett, - Pres Ider	Name and Title	e:		
Address:	2645 SE 110th Street	Address:			_
	Ocala, Florida 34480	-			_
		_			
Momo and T	Title: Thomas G. Whitsett, Vice-president	Name and Titl	e· ·		
Address:	2645 SE 110th Street				
riddioss.	Ocala, Florida 34480				
		-			
35	Tal. Angele L. Whiteett Tregourer	Name and Titl			
Name and Address:	Title: Angela L. Whitsett, Treasurer				
Audiess.	Ocala, Florida 34480				
	Oblid, Florida 07700	_		_, _	
				<u>~ ~ ≤</u>	(7)
	REGISTERED AGENT	.	. •	MOF	82) 120
	orida street address (P.O. Box NOT acceptable) of		ent is:	1 9) -(
Name:	Thomas G. Whitsett			<u>َ</u> ن	
Address:	2645 SE 110th Street Ocala, Florida 34480			-10	; _< _r
	Utala, Fiorida 34460	_		PK	00 ST
			•	↓; 0	\$ 7
ARTICLE VII	INCORPORATOR			0 =	킀
The <u>name and ac</u>	Idress of the Incorporator is:			 5	7
Name:	Thomas G. Whitsett	_		·	
Address:	2645 SE 110th Street				
	Ocala, Florida 34480	-			
		_			
	med as registered agent to accept service of proce			ignated in t	this
certificate, I am J	familiar with and accept the appointment as register	red agent and agr	ree to act in this capacity		
~ 10	He Carton	···			
<u> </u>	wer X - Martsell		June 1, 2012		
	Required Signature of Registered Agent		Date		
I onhunit this dos	ument and affirm that the facts stated herein are to	nie I am moner	that any false information submitted	l in a docum	10mt
	ument and affirm that the facts stated herein are a it of State constitutes a third degree fglony as provid			~** ** ***/L###	~186
~ //	O. A STATE				
- / h.	11.00 A Gillaid not	\rightarrow	June 1, 2012		
	Dequired Signature of Incompretor		Date		