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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/2/12

COVER LETTER

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

SUBJECT: Women of Destiny outreach ministry 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: DARNELL TENNYSON
Name (Printed or typed)

19115 NW 11 Ct
Address

Miami Fla 33169
City, State & Zip

305 303 7327
Daytime Telephone number

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

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

To 6/22/12

whom it may concern

this letter is to certify that

old organization of women

of Destiny Outreach ministry

will never be use

again

Darnell Turner

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Women of Destiny Outreach Ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

*9115 n w 11 ct
miami fla 33169*

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

is to help families in need and offer them through Jesus Christ that there is hope and give encouragement and love to all we come in contact with through Jesus name.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

*Darnell Tennison President
19115 n w 11 ct
miami fla
33169*

Name and Title:

Address:

Name and Title:

Address:

*Marly James Vice President
330 n w
98 st miami
fla 33150*

Name and Title:

Address:

Name and Title:

Address:

*Dinah Jennings Secretary
19100 n w 6 ave
miami fla
33169*

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:

Address:

*Darnell Tennison
19115 n w 11 ct
miami fla
33169*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

*Darnell Tennison
19115 n w 11 ct
miami fla
33169*

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

Darnell Tennison
Required Signature of Registered Agent

6/22/12
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.

Darnell Tennison
Required Signature of Incorporator

6/22/12
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA