

N12000009785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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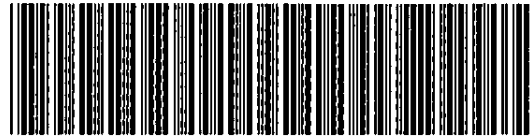
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Journey To D.E.S.T.I.N.Y Enterprises, 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: A. Marcia Roberson Fields
Name (Printed or typed)

702 N.E. 27th Street
Address

Ocala, Fla. 34470
City, State & Zip

(352) 857-4950
Daytime Telephone number

Celetecd@embarcmail.com or
Laverne7777@att.net
E-mail address: (to be used for future annual report notification)

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12 OCT 12 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

RECEIVED
12 OCT 12 AM 10:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2012

MARCIA ROBERSON-FIELDS
702 N.E. 27TH STREET
OCALA, FL 34470

SUBJECT: D.E.S.T.I.N.Y ENTERPRISES
Ref. Number: W12000048042

We have received your document for D.E.S.T.I.N.Y ENTERPRISES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6052.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 712A00023413

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

ARTICLE I NAME

The name of the corporation shall be: Journey To D.E.S.T. I.N.Y Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

702 NE. 27th Street
Ocala, Fla. 34470

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Said organization is organized exclusively for
Charitable, educational, public benefit and scientific organization purposes.
Journey To D.E.S.T. I.N.Y Enterprises Inc will help to advance education, lessen
neighborhood tensions, combat community deterioration, juvenile detention, facilitate
relief of the poor, as well as, the distressed and under privileged.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The Board of Directors will conduct interviews to fill vacant Board of Directors
seats utilizing media, publications and for advertising to advertise vacant seats. The Executive Director

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS may appoint Directors in the untimely vacancy of Directors

Name and Title: Dr. Marcia Roberson Fields/

Name and Title: _____

Address: Executive Director

Address: _____

Address: 702 NE. 27th Street
Ocala, Fla 34470

Name and Title: Arthur Fields, Jr/Business & Financial Director

Name and Title: _____

Address: 702 NE. 27th Street
Ocala, Fla 34470

Address: _____

Name and Title: Celeste Frazier/Community Services Director

Name and Title: _____

Address: 1104 N.E. 4th Avenue
Williston, Fla. 32696

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. Marcia Roberson - Fields

Address: 702 NE. 27th Street
Ocala, Fla. 34470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Marcia Roberson - Fields

Address: 702 NE. 27th Street
Ocala, Fla. 34470

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

Dr. Marcia Roberson - Fields

Required Signature of Registered Agent

9/29/12
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.

Dr. Marcia Roberson - Fields

Required Signature of Incorporator

9/29/12
Date

FILED
12 OCT 12 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA