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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 AM 11:50

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COVER LETTER

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

SUBJECT: DESTINY, INCORPORATED

(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: **TERRANCE E. COLE**
Name (Printed or typed)

3659 LYDIA ESTATES TERRACE
Address

JACKSONVILLE, FL 32218
City, State & Zip

904-894-3162
Daytime Telephone number

TERRANCECOLEMINISTRIES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: DESTINY, INCORPORATED

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DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
3659 LYDIA ESTATES TERRACE
JACKSONVILLE, FL 32218

Mailing address, if different is: 13 OCT 21 AM 11:50

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE PURPOSE OF CHURCH SERVICES AND ANY OTHER CHRISTIAN SERVICES DEEMED APPROPRIATE

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: SELF APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>TERRANCE E. COLE</u>	Name and Title:	_____
Address	<u>3659 LYDIA ESTATES TERRACE</u>	Address:	_____
	<u>JACKSONVILLE, FL 32218</u>		_____
	<u>PRESIDENT</u>		_____
Name and Title:	<u>DARCELLE COLE</u>	Name and Title:	_____
Address	<u>3659 LYDIA ESTATES TERRACE</u>	Address:	_____
	<u>JACKSONVILLE, FL 32218</u>		_____
	<u>SECRETARY</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Address _____ **Address:**

~~13 OCT 21 AM 11:50~~

Address _____ Address:

Date _____