

N/14000011616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

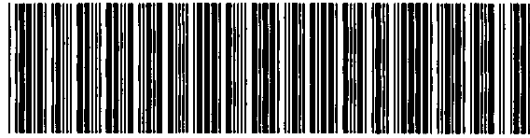
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TALLAHASSEE, FLORIDA

DEC 23 2014

S. GILBERT

## COVER LETTER

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

SUBJECT: Destiny Leadership Academy 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: Elvira Surmons  
Name (Printed or typed)

5109 N Hwy 441  
Address

Ocala, FL 34475  
City, State & Zip

352-427-9792  
Daytime Telephone number

Elvira.surmons@destinyleadership.net  
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 Leadership Academy Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
5109 N Hwy 441  
Ocala, Fl  
34475

Mailing address, if different is:

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**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide families the opportunity for their children, in grades k-8) to  
be enrolled in a Christian-based school that focuses on destiny-based learning through a strong  
academics-based curriculum that also empowers the youth in leadership and  
entrepreneurship. Character development is also a key component of the overall  
educational program for the school's students.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The directors  
are appointed by the Academy's founder and/or by the head of the parent organization (FAL-CONN).

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lillie Tuggerson, Pres  
Address: 5105 N Hwy 441  
Ocala, Fl 34475

Name and Title: Bernard Tuggerson, Dir.  
Address: 5105 N Hwy 441  
Ocala, Fl 34475

Name and Title: Elvira Surmons, Vice Pres  
Address: 5150 NW 52 Place  
Ocala, Fl 34482

Name and Title: Faith Beard, Dir  
Address: 5105 N Hwy 441  
Ocala, Fl 34475

Name and Title: Pinkie Tuggerson, Sec  
Address: 5105 N Hwy 441  
Ocala, Fl

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Elvira Surmons

Address: 5150 NW 52 Place

Ocala, FL 34475

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elvira Surmons

Address: 5150 NW 52 Place

Ocala, FL 34475

*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*



Required Signature of Registered Agent

12/09/2014

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.*



Required Signature of Incorporator

12/09/2014

Date