

N15000001784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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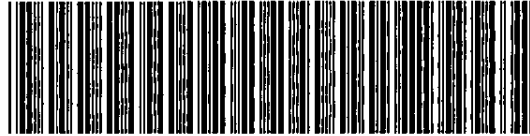
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/15--01035--010 **70.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2/19/15

COVER LETTER

ORIGINAL

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

SUBJECT: WALKING INTO DESTINY, 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: JACQUELINE HARRIS

Name (Printed or typed)

9540 MONTEGO BAY DR.

Address

CUTLER BAY, FL 33189

City, State & Zip

305.975.7123

Daytime Telephone number

JHARRIS508@GMAIL.COM

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: WALKING INTO DESTINY, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:
9540 MONTEGO BAY DR

CUTLER BAY, FL 33189

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower, encourage, motivate, inspire and
celebrate women so they can walk in God's Divine Destiny, for their lives and families
The Corporation is organized and operated for charitable, religious, educational purposes
and community cultural arts productions.

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

Appointed by the President and Vice President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline L. Harris P

Address: 9540 Montego Bay Dr.

Cutler Bay, FL 33189

Name and Title: _____

Address: _____

Name and Title: Adriel T. Harris VP

Address: 9540 Montego Bay Dr.

Cutler Bay, FL 33189

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Adriel T. Harris

Address: 9540 Montego Bay Dr.

Cutler Bay, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline L. Harris

Address: 9540 Montego Bay Dr.

Cutler Bay, FL 33189

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

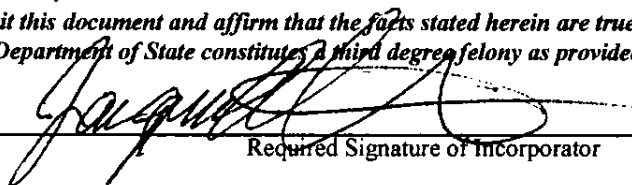


Required Signature of Registered Agent

2/11/2015

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

2/11/15

Date

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TALLAHASSEE, FLORIDA