

N24000014135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

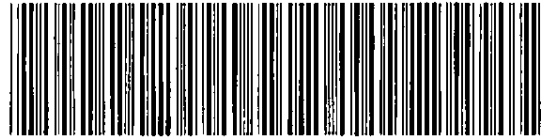
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000150342
Dec. 02, 2024

Office Use Only



200438674392

10/31/24--01027--011 **78.75

FILED
2024 DEC -2 PM 10:55
CLERK OF STATE
TREASURY DEPT.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2024 DEC -2 PM 2:02

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

November 6, 2024

ROBERT CARTER
8466 SW 136TH LOOP
OCALA, FL 34473 US

SUBJECT: 2C DESTINY CONSULTING GROUP, INC.
Ref. Number: W24000150342

We have received your document for 2C DESTINY CONSULTING GROUP, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The format in which the articles of incorporation was received is unacceptable for imaging. Fill out the attached form to create a nonprofit corporation then return it for processing.

Please return 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.

Monique K Anderson
Regulatory Specialist II

Letter Number: 424A00024438

RECEIVED
2024 DEC -2 PM 10:55
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: 2-C Destiny Consulting Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8466 S.W. 136th Loop
Ocala, FL 34473

Mailing address, if different is:

P.O. Box 772862
Ocala, FL 34477

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization is organized exclusively for charitable, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, including but not limited to: Strengthening family units through support and resources, Promoting responsible fatherhood, Enhancing child well-being practices to empower families, Supporting underprivileged single parents with training and resources, Providing training and consulting to enhance child welfare system

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The directors shall be elected and appointed by the Board of Directors who shall meet no less than quarterly.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Malveria Carter, Pres.</u>	Name and Title:	<u>Mary Eta Clarkson, Vice Pres.</u>
Address:	<u>8466 S.W. 136th Loop</u> <u>Ocala, FL 34473</u>	Address:	<u>14908 Waterford Chase Pkwy.</u> <u>Orlando, FL 32828</u>

Name and Title:	<u>Sonia Lynch-Dillard,</u> <u>Chief of Training and Development</u>	Name and Title:	<u>Robert A. Carter, Director</u>
Address:	<u>2037 Twin Oaks Rd</u> <u>Spring Hill, FL 34610</u>	Address:	<u>8466 S.W. 136th Loop</u> <u>Ocala, FL 34473</u>

Name and Title:	<u>Doris Banks, Director</u>	Name and Title:	
Address:	<u>6567 SW 63rd Court</u> <u>Ocala, FL 34474</u>	Address:	

2021 DEC -2 PM 10:55

FILED

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: Robert P. Carter
Address: 8466 S.W. 136th Loop
Ocala, FL 34473

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Malveria Carter
Address: 8466 S.W. 136th Loop
Ocala, FL 34473

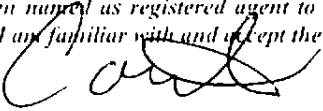
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

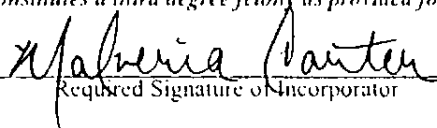
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

11/19/24
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

11/19/24
Date

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

ARTICLE IX NONPROFIT NATURE AND DISSOLUTION

Nonprofit Nature: This organization is a nonprofit entity. No part of its net earnings shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

Dissolution: Upon dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 © (3) of the Internal Revenue Code, or shall be distributed to the federal, state, or local government for a public purpose.

ARTICLE X DURATION

The duration of the organization is perpetual.

ARTICLE XI INDEMNIFICATION


The organization may, to the extent legally permissible and only to the extent that the status of the organization as an organization exempt under section 501 © (3) of the Internal Revenue Code is not affected thereby, indemnify each of its directors, officers, employees, or other agents against all liabilities and expenses incurred in connection with the defense or disposition of any action, suit, or other proceeding in which they may be involved or with which they may be threatened, while in office or thereafter, by reason of being or having been such a director, officer, employee, or agent, except in retaliation to matters as to which they shall have been adjudicated in any proceeding not to have acted in good faith in the reasonable belief that their action was in the best interests of the organization.

ARTICLE XII CONFLICT OF INTEREST

The organization shall adopt a Conflict of Interest Policy to ensure that its directors, officers, and employees act in the organization's best interest and comply with applicable legal requirements, including making financial decisions in the absence of personal interest that could conflict with the organization's interests.

ARTICLE XIII AMENDMENTS

These Articles of Incorporation may be amended in any manner at any regular or special meeting of the Board of Directors, provided that specific notice of the proposed amendment is given to all directors and that the amendment does not adversely affect the organization's qualification under section 501 © (3) of the Internal Revenue Code.

 — Registered Agent
Malvina Carter — Incorporator

FILED
2024 DEC -2 PM 11:00
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

N24000014135

October 29, 2024

From: Malveria Carter

RE: Release of Name for Dissolved LLC -2C Destiny Consulting Group

Company document number: L14000022309

Dissolved on 9/17/24

Attention: New Filings

As an authorized representative of the original LLC I am writing to request the release of the name 2C Destiny Consulting Group to be used in our new request to become a non profit.

FILED
2024 DEC -9 PM 10:55
CLERK OF SUPERIOR COURT
JESSIE G. JOHNSON

IN WITNESS WHEREOF, I the undersigned submit this request as an authorized representative of the Corporation.

STATE OF FLORIDA

COUNTY OF MARION

On this date, 10/29/2024, before me a notary public, the undersigned authority, the following personally appeared:

Requestor/Authorized Representative:

Malenia Carter

known to me or have satisfactorily proven that they are an authorized representative of the corporation, that they signed the aforementioned document as such, and that the statements contained therein are true and correct.

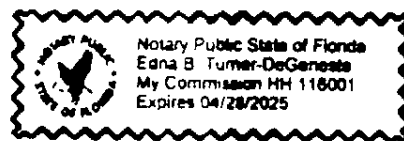
IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year as written above.

Edna B. Turner-DeGeneste

Signature of Notary

EDNA B. TURNER-DEGENESTE

Printed Name of Notary Public



My Commission Expires: 04/28/2025

FILED
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MARION COUNTY
FLORIDA