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(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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F. CHENIER AUG 28

TRANSMITTAL LETTER

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

SUBJECT: Destin 2 B White 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Katina Markham  
Name (Printed or typed)

P.O. Box 680281  
Address

Orlando, FL  
City, State & Zip

407 325 7686  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Destin JB White Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. Box 680281  
Orlando FL 32868

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Ø

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Katina Markham  
640 E Spice Trader Way  
Orlando FL 32818

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Katina Markham  
640 E Spice Trader Way  
Orlando FL

\*\*\*\*\*

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

Katina Markham  
Signature/Registered Agent

8/22/03  
Date

Katina Markham  
Signature/Incorporator

8/22/03  
Date

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