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TRANSMITTAL LETTER

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

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SUBJECT:	DESTIN	IY MANAGEMENT, INC.				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are	an origi	inal and one (1) copy of the artic	cles of incorporation and	d a check for:		
	\$70.00 ng Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	X \$87.50 Filing Fee, Certified Copy		
			& Certificate of Status ADDITIONAL COPY REQUIRED			
I	EPOM.	ROGER JASMINS				
FROM: <u>DESTINY MANAGEMENT, INC.</u> Name (Printed or typed)						
456 LINKSIDE PLACE Address						
DESTIN, FL. 32550						
City, State & Zip						
		239-877-3314		·		
Daytime Telephone number						

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

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 21, 2005

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ROGER JASMINS DESTINY MANAGEMENT, INC. 456 LINKSIDE PLACE DESTIN, FL 32550

SUBJECT: DESTINY MANAGEMENT, INC.

Ref. Number: W05000008921

DESTINY PROTECT HANDSEMENT INC - NEW NAME.

We have received your document for DESTINY MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton **Document Specialist** New Filings Section

Letter Number: 705A00012035

DESTINY PROJECT MANAGEMENT, 2

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DESTINY MANAGEMENT, INC.

ARTICLES OF INCORPORATION

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



05 FEB 28 PH 12: 36

SECRETARY OF STATE FALLAHASSEF FLORIDA

ARTICLE I NAME

بالمراجع والمعا

The name of the corporation shall be:

PROJECT

DESTINY MANAGEMENT INC.

<u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

456 LINKSIDE PLACE

DESTIN, FL 32550

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO CONDUCT ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ROGER JASMINS (PRESIDENT/SECRETARY)

456 LINKSIDE PLACE

DESTIN, FL. 32550

ARTICLE VI REGISTERED AGENT

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

ROGER JASMINS

456 LINKSIDE PLACE

DESTIN, FL. 32550

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROGER JASMINS

456 LINKSIDE PLACE

DESTIN, FL. 32550

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

Signature/Registered Agent Date

| Signature/Incorporator Date