

P1000100960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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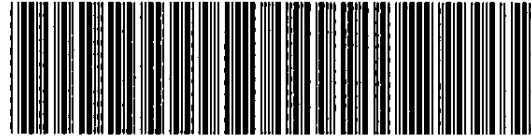
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/14/10--01011--009 \*\*70.00

FILED  
10 DEC 14 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 12/15/10

## COVER LETTER

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

SUBJECT: Children Destine For Greatness Service INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Sherrie Lewis  
Name (Printed or typed)

3840 EAST S.R. 434 Ste 1048  
Address

APOPKA FL 32703  
City, State & Zip

734 819 2555  
Daytime Telephone number

Sherrie.Lewis@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

12/6/2010

I will not revoke the dissolution  
of Children Destine For Greatness

PO9000074617

Sherrine Lewis  
President

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: Children Destine For Greatness Services INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3840 EAST S.R 434  
STE 1048  
APOPKA FL 32703

Mailing address, if different is:  
3840 EAST S.R 434  
STE 1048  
APOPKA FL 32703

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: SHERRIE L LEWIS  
Address: President  
3840 EAST S.R 434  
STE 1048 APOPKA FL 32703

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Sherrie L Lewis  
Address: 3840 EAST S.R 434 STE 1048  
APOPKA FL 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sherrie L Lewis  
Address: 3840 EAST S.R 434 #1048  
APOPKA FL 32703

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

Sherrie Lewis  
Required Signature/Registered Agent

12/6/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Sherrie Lewis  
Required Signature/Incorporator

12/6/10  
Date

FILED  
DEC 14 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA