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(Requestor's Name)

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(Business Entity Name)

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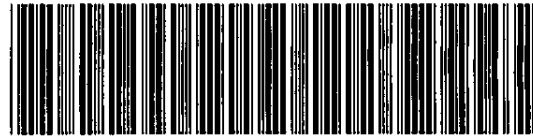
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Destin Independent Living Care Services
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Ruthenia Moses
Name (Printed or typed)

P. O. Box 120091
Address

Clermont, Florida 34712
City, State & Zip

(352) 408-8273
Daytime Telephone number

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

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 Independent LivingCare Services

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

5735 Westbury Drive
Orlando, Florida 32808

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: the purpose for which the Corporation is organized is to provide
twenty-four(24) hours housing for displaced and disable men and women. There fees will be on a sliding scale bases in
reference on ones ability to pay. We will provide supervisory care and provide three meals a day to our clients.

This will be a for-profit organizatrion

ARTICLE IV SHARES

The number of shares of stock is: n/a

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phanide Predestin - President

Name and Title: _____

Address: 5735 Westbury Drive
Orlando, Florida 32808

Address: _____

Name and Title: Nicole Marcelin- Vice President

Name and Title: _____

Address: 5735 Wedtbury Drive
Orlando, Florida 32808

Address: _____

Name and Title: Jean Maxi - Secretary

Name and Title: _____

Address: 3002 Woodbridge lane
Orlando, Florida 32808

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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: Phanide Predestin
Address: 5735 Westbury Drive
Orlando, Florida 32808

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ruthenia Moses
Address: 12817 Brown Bark Trail
Clermont, Florida 34711

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

Phanide Predestin
Required Signature/Registered Agent

3/4/2014
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.

Ruthenia Moses
Required Signature/Incorporator

3/4/2014
Date