

TRANSMITTAL LETTER

P97000095252

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

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-11/05/97--01077--020
****131.25 ****131.25

SUBJECT: NEW DESTINATIONS, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARK A. HASSELBRING
Name (Printed or typed)

404 S. CENTER STREET
Address

EUSTIS, FL 32726
City, State & Zip

352-357-0780
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -5 PM 2:29

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

11-6-97
WS

**ARTICLES OF INCORPORATION
OF
NEW DESTINATIONS, INC.**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be **New Destinations, Inc.**

ARTICLE II

The principal place of business and mailing address of this corporation shall be
404 South Center Street, Eustis, FL 32726.

ARTICLE III

This corporation shall have the authority to issue **One-hundred** shares of common stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

ARTICLE IV

The name and Florida street address of the initial registered agent is:
Mark A. Hasselbring, 404 South Center Street, Eustis, FL 32726.

ARTICLE V

The Name and mailing address of the incorporator to these Articles of Incorporation is:
Mark A. Hasselbring, 404 South Center Street, Eustis, FL 32726..


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent


Date

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