TRANSMITTAL LETTER

# P99000061503

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

400002922064--3 -07/02/99-01043-008 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:	Control Your D	Destiny, Inc.	-l.o. 9
(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		.50 Fee, ed Copy tificate of
FROM:	Haliczer, Pettis & Wh	nite, P.A. c/o James S	. Haliczer
Name (Printed or typed)			
Sixth Floor, 101 NorthEast 3rd Avenue  Address  Fort Lauderdale, Fl. 33301  City, State & Zip			
			.e
	(954) 523-9922		<u> </u>
Daytime Telephone number			

Centroncuse And D. 1833

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

# ARTICLES OF INCORPORATION

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 NAME

The name of the corporation shall be:

Control Your Destiny, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1117 Saxon Blvd.

Orange City, Fl. 32763

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sally Darlin

1117 Saxon Blvd. Orange City, Fl. 32763

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sally Darlin

1117 Saxon Blvd. Orange City, Fl. 32763

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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