Noto Pasmirante 760

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 02 SEP -5 PM 3: 52 SECAL STATE TALLAHASSEE, FLORIDA

SUBJECT:		, .	ice Ada Acade
	(Proposed corpo	rate kame - must include s	of Jefferso County, Inc.
	·		County, Inc.
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for :
☐ S70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	DS78.75 Filing Fee & Certified Copy ADDITIONAL C	
FROM:		Schindler Finited or typed) W. Washli	ngton Street
. •	Mont!	cello, Pz State & Zip	32344
	Daytime T	elephone number 900	0075483991 -09/06/0201004001

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

*****87.50 ****87.50

ARTICLES OF INCORPORATION

O2 SEP -5 PM 3: 52
SEURE F STATE
TALLAHASSEE, FLORIDA

Article I

Name

The name of the corporation shall be:

Sovereign Grace Academy of Jefferson County Inc.

Article II

Principal Office

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

2660 W. Washington Street Monticello, FL 32344

Article III

Purpose

The specific purpose for which the coporation is organized is:

To operate a private not for profit K-12 school.

Article IV

Manner of Election of Directors

The Directors shall be appointed by the Incorporator and shall remain in office a term to be set in the by-laws of this corporation. The by-laws shall be adopted at the first meeting of the Board of Directors.

Article V

Initial registered agent and street address:

Scott Schindler 2660 W. Washington Street Monticello, FL 32344 Article VI Incorporator

The name and address for the Incorporator to these Article of Incorporation is:

Scott Schindler 1976 E. Washington Street Monticello, FL 32344

Article VII
Effective Date

The effective date of the Incorporation is the date of filing these articles with the Florida Department of State.

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 appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.

Registered Agent

Date/