

N15000005259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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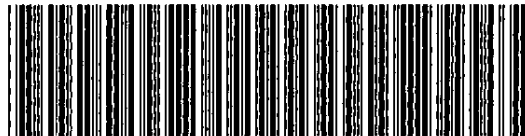
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATE &  
15 MAY 26 PM 1:04

κ 05/27/15

## COVER LETTER

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

**SUBJECT:** Pioneers Christian Academy, 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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Dr. Alex Castro  
Name (Printed or typed)

2124 N Dean Rd  
Address

Orlando FL 32817  
City, State & Zip

407-737-7771  
Daytime Telephone number

pastoralex@sanandolatierra.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 617, F.S., (Not for Profit)

### ARTICLE I NAME

The name of the corporation shall be: Pioneers Christian Academy, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
2124 N Dean Rd

Orlando FL 32817

Mailing address, if different is:

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Christian education to children Kindergarten through 12th grade.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As appointed by law

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Alex Castro</u>	Name and Title:	<u>President</u>
Address	<u>2124 N Dean Rd</u>	Address:	<u></u>
	<u>Orlando FL 32817</u>		<u></u>

Name and Title:	<u>Dr. Arlyn Castro</u>	Name and Title:	<u>Vice President / Treasurer</u>
Address	<u>2124 N Dean Rd</u>	Address:	<u></u>
	<u>Orlando FL 32817</u>		<u></u>

Name and Title:	<u>Ileana Bajo</u>	Name and Title:	<u>Secretary</u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 26 PM 1:04

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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: Dr. Alex Castro

Address: 2124 N Dean Rd  
Orlando FL 32817

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dr. Alex Castro

Address: 2124 N Dean Rd  
Orlando FL 32817

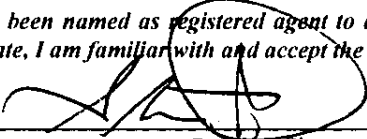
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

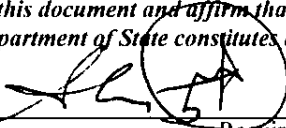


\_\_\_\_\_  
Required Signature of Registered Agent

05/18/2015

\_\_\_\_\_  
Date

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



\_\_\_\_\_  
Required Signature of Incorporator

05/18/2015

\_\_\_\_\_  
Date

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DIVISION OF CORPORATION  
15 MAY 26 PM 1:04