NOOSSOGA387

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

SUBJECT: TH	E Chape Tr Proposed corpora	C . te name - must include suffi	(x)			.	
	(0000 -04/	3203 11/001 **78.75	01070	57 008 **78.75	
Enclosed is an original and one(1) copy of the articles of incorporation and a check for :							
☐ \$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87. Filing I Certifie & Certi	ee, d Copy			
		ADDITIONAL COPY REQUIRED					
RECEIVED OO APR 11 AM 11: 36 UEPGINESSEE, FLORIDA 33 TALLAHASSEE, FLORIDA 35	1072 Coz L	Tettis ted or typed) ANDING Rd dress	•	SECRETARY OF STATE TALLAHASSEE, FLORIDA	60 APR 11 AM 11: 43	APPROVED FALED	
PECON APR -	Tollahassee FL. 32310 City, State & Zip						
- -	(850) 575-3346 Daytime Telephone number						

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 Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

, pre-school	and
by Justin, F	- inder
00 APR 11 AM 11: 43 SECHETARY OF STATE TALLAHASSEE, FLORIDA	APPROVED
	BECHETARY TALLAHASSE

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.

Rev. Marlin Rellin 4/11/00
Signature/Registered Agent Date