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| PICK-UP | MAIT | MAIL | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
| On Allinois On the | 0-45-4 | | | |
| Certified Copies | Certificates | s of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: | P COVENANT, INC. | A STATE OF THE STA | DE CLIEBLES |
|---------------------------|--|--|--|
| | (PROPOSED CORPORAT | E NAME – <u>MUST INCLUI</u> | <u>DE SUFFIX</u>) |
| | | | |
| Enclosed is an original a | and one(1) copy of the Artic | les of Incorporation and a | 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 CO | PY REQUIRED |
| | | | |
| FROM: | Mrs. LaVon W. Bracy | nted or typed) | _ |
| | 2210 S. Rio Grande | Avenue | |
| | A | ldress | _ |
| | | 2805 tate & Zip | _ |
| | (407) 425–4589 | • | |
| | Daytime Te | lephone number | - |

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:
Camp Covenant, Inc.

ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:

ARTICLE III PURPOSE The purpose for which the corporation is organized is: To provide academic, cultural and social enrichment for children ages 4-16during after school hours and school breaks.

The Corporation is organized exclusively for charitable purposes as outlined under section 501©(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:

The initial directors will be appointed by the Incorporator. Subsequent directors will be elected by a majority vote of Directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):

President: LaVon Bracy 5315 Woodstead Way, Orlando, FL 32819 Vice President: Joseph Canada 12966 Broakfield Cir., Orlando, FL 32837 Secretary: Sandra Dailey 1926 Torrey Dr., Orlando, FL 32818 Treasurer: Shirley Wilson 6820 Nawadaha Blvd., Orlando, FL 32818 Director: **Bernice Fortson** 7215 Ravenna Ave., Orlando, FL 32815 Director: Adrain Graham 4603 Wellesly Dr., Orlando, FL 32818

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Mrs. LaVon W. Bracy, 2210 S. Rio Grande, Orlando, Florida 32805

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:

Mrs. LaVon W. Bracy 5315 Woodstead Way, Orlando, Florida 32819

| | *********** |
|---|--|
| Having been named as registered agent to accept service of p | process for the above stated corporation at the place designated |
| in this certificate, I am familiar with and accept the appointr | nent as registered agent and agree to act in this capacity. |
| La Un W Bru | 4/18/07 |
| Signature/Registered Agent | Date |
| La Un Wester | 4/18/07 |
| Signature/Incorporator | Date |

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SECRETARY OF STATE
AND ASSECUTED THE