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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	······································
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	7
Certified Copies	Certificates of 8	Status
Special Instructions	s to Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT:	(PROPOSED CORPORATI	E NAME – <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed is an original ar	nd one (1) copy of the Artic	les of Incorporation and	a check for :
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	₹378.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	Tampa Bay Community Name (Prin	Educational Academ	y, I <u>n</u>
	9728 Lewis Road	dress	-
	Thonotosassa, FL 3359	2 ate & Zip	-
	(813) 215-3138		

E-mail address: (to be used for future annual report notification)

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Tampa Bay Community Educational Academy, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 9728 Lewis Road

Thonotosassa, FL 33592

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

School for Children with disabilities

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

- (P) Earl Mosley 9728 Lewis Road Thonotosassa, FL 33592
- (VP) Carolyn Caraway 9728 Lewis Road Thonotosassa, FL 33592
- (S/T) Carol Samuel 9728 Lewis Road Thonotosassa, FL 33592

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Carol Samuel 9728 Lewis Road Thonotosassa, FL 33592

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol Samuel 9728 Lewis Road

Thonotosassa, FL 33592

Havir	ig been nam	ed a <u>s registere</u> d	agent to accept	service of process	for the above stated	corporation at	the place des	ignated
in thi	s <i>dertificate</i> ,	I am familiar w	ith and accept th	e appointment as	for the above stated registered agent an	d agree to act ir	n this capacit	y.

Signature/Registered Agent/Incorporator Date

SECRETARY OF STATE