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## **COVER LETTER**

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

SUBJECT: PACT Homeschool, Inc.							
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )							
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	l 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					
FROM: Karen K. Folino							
Name (Printed or typed)							
7192 Key Largo Way							
Address							
Lake Worth, FL 33467							
		ate & Zip	_				
	561-316-7228						
	Daytime Tele	ephone number	<del></del>				
infoaboutpact@yahoo.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)

RTICLE I	NAME PACT Homeschool, Inc.	L		
e name of the c	orporation shall be:	•		
RTICLE II	PRINCIPAL OFFICE			
111022712	Principal street address		Mailing addr	ess, if different is:
•	PACT Homeschool, Inc.	1		nc.
	8431 Lake Worth Road			
-	Lake Worth, FL 33467		Lake Worth, FL 3346	7
TICLE III	PURPOSE			
	which the corporation is organized is: is organization within the meaning of section 501(c)(7)	of the United Stat	ton Intornal Boyanya Ca	de of 1000 as amonded
ode"), including couragement to meschooling fa	y without limitation but only to extent consistent with su b Judeo-Christian Homeschooling families. We exist to milies to allow opportunities to engage in social interaction rtunities for personal growth.	ch purpose shall b encourage, suppo	e to provide support, infort and build up a comm	ormation and unity of Christian
RTICLE IV	MANNER OF ELECTION The manner in v	which the directors	are elected and appoin	ited:
s provided	for in the bylaws.			
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	90		
	Title: Karen K. Folino, Director		:Brandi Gonsman,	Director
Address:	7192 Key Largo Way	Address:	127 Sterns Street	
	Lake Worth, FL 33467			2
		•		
Name and T	itle:Tina Gonsman, Director	Name and Title	•	
Address:	5167 1st Road			
	Lake Worth, FL 33467	, , , , , , , , , , , , , , , , , , , ,		
Nama and T	Citto Shari Dubinsky Director	Name and Title		
Address:	Title: Shari Dubinsky, Director		•	
Addiess.	7574 Bristol Bay Lane Lake Worth, FL 33467	Address:		
	Eake 110111, 1 E 33-101			
	•			······································
TICLE VI	REGISTERED AGENT		_	N The
	orida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:	
Name: Address:	Karen K. Folino			No. 18. 18. 18.
Address:	7192 Key Largo Way			
	Lake Worth, FL 33467	•		
	<del></del>			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
TICLE VII	INCORPORATOR			
name and ad	dress of the Incorporator is:			<b>©1</b> → ∰
Name:	Karen K. Folino			¥ •
Address:	7192 Key Largo Way			
	Lake Worth, FL 33467			
	ned as registered agent to accept service of proces			
tificate, I am fa	umiliar with and accept the appointment as registere	d agent and agree	to act in this capacity	
LAN	and Italian	04	014.414.6	
9 you		Director	, <u>8/14/12</u>	<del></del>
,	Required Signature of Registered Agent			Date
ahmit this docu	ment and affirm that the facts stated herein are tru	e I am aware the	at any false informatio	n submitted in a docum
	t of State constitutes a third degree felony as provide			т энспинси III и иссипк
4)	1) 71		, <del></del>	
95MM	PALS. Tolling Plat De	restor	8/14/12	·
- 100 9	Required Signature of Incorporator	~~~~~	<u> </u>	Date
,	quinte di Brieffer de Tripor portator			