

# N15000007585

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

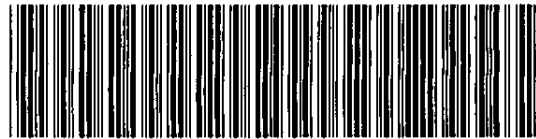
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF  
PUBLIC SAFETY

AUG 04 2015

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## COVER LETTER

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

**SUBJECT:** Trinity Learning 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: Steve Currie  
Name (Printed or typed)

2042 Torrey Drive

Address

Orlando Fla 32818

City, State & Zip

407 296-9698

Daytime Telephone number

trinitylearningacademy@gmail.com  
trinitylearninggroup@yahoo.com

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

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

15 JUL 31 PM 3:17

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# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be: Trinity Learning Academy Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1003 South Kirkman Rd Ste 101

Orlando, Fla 32811

Mailing address, if different is:  
2042 Torrey Drive

Orlando, Fla 32818

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Provide high quality supervised care for children with programs and  
activities designed to promote development.

2. The Corporation is organized and operated exclusively for charitable, religious, educational and scientific purpose, including,  
for such purpose, the making of distributions to organizations that qualify as exempt organization under section 501(c)(3) of the  
internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by Pres.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Steve Currie III/DP

Address 2042 Torrey Drive  
Orlando, Fla, 32818

Name and Title: Laytona R. Ginetta/ DS

Address: 13815 Osprey Nest Lane Apt 68  
Orlando, Fla 32837

Name and Title: Dr. Gerogia Woodson/ D

Address P. O. Box 761  
Gotha, Fla 34734

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

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

Name and Title: Shannon Currie/ DV

Address 2042 Torrey Drive  
Orlando, Fla 32818

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

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

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: Steve Currie III  
Address: 2042 Torrey Drive  
Orlando, Fla 32818

**ARTICLE VII INCORPORATOR**

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

Name: Living Faith Ministry and Outreach Inc.  
Address: P.O. Box 761  
Gotha Fla, 34734

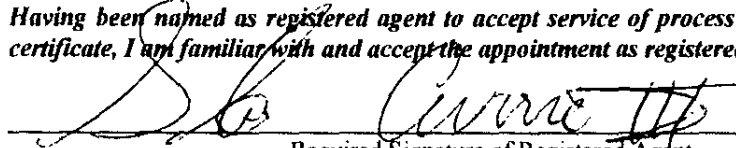
**ARTICLE VIII EFFECTIVE DATE:**

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.)

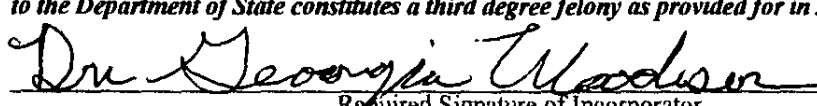
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7/24/15  
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

7/24/15  
Date