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19 SEP 21 2018

COVER LETTER

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

SUBJECT: TDC CHRISTIAN 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: MAHOGANY FLEURIVAL

Name (Printed or typed)

12621 LAKE VISTA DR

Address

GIBSONTON FL, 33534

City, State & Zip

251-266-8024

Daytime Telephone number

TDCMBCA@GMAIL.COM

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

19 SEP 21 10 11 AM '05

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: TDC CHRISTIAN ACADEMY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6213 E. HILLSBOROUGH AVE
TAMPA, FL 33610

Mailing address, if different is:
P. O. BOX 6871
BRANDON, FL 33508

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DAILY WE ARE FACED WITH ADDRESSING THE NEEDS OF THE LI
FORTUNATE IN OUR LOCAL COMMUNITY. OUR PURPOSE AT TDC CHRISTIAN ACADEMY IS TO SERVE OUR COM
AND IMPROVE LIVES OF OUR YOUNG PEOPLE. WE PROVIDE A SAFE ENVIROMENT FOR OUR YOUNG PEOPLE
UTILIZE TECHNOLOGY AND OTHER RESOURCES THAT WILL EMPOWER THEM TO OVERCOME OBSTACLES ANI
THAT MAYBE STANDING IN THEIR WAY OF REACHING A SUCCESSFUL FUTURE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as provided by in the bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELVIS PIGGOTT- PASTOR
 Address: 6213 E HLLSBOROUGH AVE
TAMPA FL 36610

Name and Title: TYHEEM TANNER- DIRECTOR
 Address: 6213 E HILLSBOROUGH AVE
TAMPA FL 33610

Name and Title: MAHOGANY FLEURIVAL- SECRETAF
 Address: 12621 LAKE VISTA DR
GIBSONTON FL 33534

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

Name and Title: _____
 Address: _____

19 SEP 21 11:10:26

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

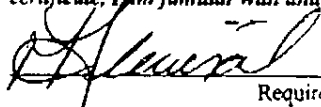
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: MAHOGANY FLEURIVALAddress: 12621 LAKE VISTA DRGIBSONTON FL 33534**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MAHOGANY FLEURIVALAddress: 12621 LAKE VISTA DRGIBSONTON FL 33534**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 09/24/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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.

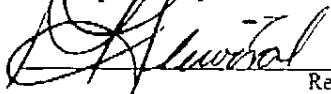
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



Required Signature of Registered Agent

10-16-2018
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

10-16-2018
Date