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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	II PRINCIPAL OFFICE			
_15	Principal street address: 395 MEADOW WOOD DR.	153	Mailing address, if different is: 95 MEADOW WOOD DR.	
<u>w</u>	ELLINGTON, FL 33414	WE	LLINGTON, FL 33414	
The purpose			SCHOOL CHILDREN WITH EDUCATI FINANCIAL ASSISTANCE AND PRO	
DEVELOP	MENT FOR TEACHERS TO FOSTER T	THEIR FULL DEVEL	OPMENT, AND TO OPERATE AND M.	ANAGE
CHRISTIA	N EARLY CHILDHOOD EDUCATION	CENTERS INSIDE	OF CHURCHES ACROSS THE UNITED	STATES.
ARTICLE I	V MANNER OF ELECTION The n	sanger in which the dire	ectors are elected and appointed. AS PROV	VIDED
		nanner in which the dir	ectors are elected and appointed: AS PROV	VIDED
	V MANNER OF ELECTION The m	nanner in which the dir	ectors are elected and appointed: AS PROV	VIDED
FOR IN TE	IE BYLAWS		ectors are elected and appointed: AS PROV	VIDED
FOR IN TE	INITIAL OFFICERS AND/OR DIR Frank Toral President/Director	ECTORS	Olivia Toral Vice-President/Director	VIDED
FOR IN TH	INITIAL OFFICERS AND/OR DIR Frank Toral President/Director	ECTORS Name and Title	Olivia Toral Vice-President/Director	VIDED
FOR IN THATTICLE I	INITIAL OFFICERS AND/OR DIR itle: Frank Toral, President/Director	ECTORS	ectors are elected and appointed: Olivia Toral, Vice-President/Director	/IDED
FOR IN THATICLE SINAME AND TAILS	itle: Frank Toral, President/Director 15395 MEADOW WOOD DR. WELLINGTON, FL 33414 Kim Careri, Secretary/Director	ECTORS Name and Title Address;	Olivia Toral, Vice-President/Director 15395 MEADOW WOOD DR. WELLINGTON, Fl. 33414	
FOR IN THATICLE IN Name and Tourish Address	itle: Frank Toral, President/Director 15395 MEADOW WOOD DR. WELLINGTON, FL 33414 itle: Kim Careri, Secretary/Director 1326 LAKE CLAY DR.	ECTORS Name and Title Address; Name and Title	Olivia Toral, Vice-President/Director 15395 MEADOW WOOD DR. WELLINGTON, Fl. 33414	2023
ARTICLE I FOR IN TH ARTICLE I Name and T Address Name and T	itle: Frank Toral, President/Director 15395 MEADOW WOOD DR. WELLINGTON, FL 33414 itle: Kim Careri, Secretary/Director 1326 LAKE CLAY DR.	ECTORS Name and Title Address;	Olivia Toral, Vice-President/Director 15395 MEADOW WOOD DR. WELLINGTON, Fl. 33414	
FOR IN THATICLE IN AMERICAN TO Address Name and That Address	INITIAL OFFICERS AND/OR DIR itle: Frank Toral, President/Director 15395 MEADOW WOOD DR. WELLINGTON, FL 33414 itle: Kim Careri, Secretary/Director 1326 LAKE CLAY DR. LAKE PLACID, FL 33852	ECTORS Name and Title Address: Name and Title Address:	Olivia Toral, Vice-President/Director 15395 MEADOW WOOD DR. WELLINGTON, Fl. 33414	2023 MAT 31 AM
FOR IN THATICLE I	itle: Kim Careri, Secretary/Director 1326 LAKE CLAY DR. LAKE PLACID, FL 33852	ECTORS Name and Title Address: Name and Title Address:	Olivia Toral, Vice-President/Director 15395 MEADOW WOOD DR. WELLINGTON, Fl. 33414	2023 MAT 3 I

Name and Title:		Name and Title:
Address _		
Name and Title	·	Name and Title:
Address		Address:
	<u>;</u>	<u> </u>
ARTICLE VI The name and l	REGISTERED AGENT Florida street address (P.O. Box FRANK TORAL	NOT acceptable) of the registered agent is:
Address:	15395 MEADOW WOOD	DR.
	WBLLINGTON, FL 33414	i
The name and : Name: Address:	INCORPORATOR address of the Incorporator is: FRANK TORAL 15395 MEADOW WOOD	DR.
	WELLINGTON, FL 3341	
Effective date, (If an effective Note: If the da document's eff	te inserted in this block does not ective date on the Department of	
Having been n certificate, I an	amed as registered agent to acc infamiliar with and accept the ap Required Signature of	cept service of process for the above stated corporation at the place designated in the politiment of registered agent and agree to act in this capacity S Date Date
I submit this do the Departmen	ocument and affirm that the facts t of State constitutes a little degr	stated herein are true. I am aware that any false information submitted in a document see felony as provided for in s.817.155, F.S.
	Required Signal	Date A DA

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