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TRANSMITTAL LETTER

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SECRETARI OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT: TRINITY CHRISTIAN ACADEMY OF PASCO, INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed is an origina	al and one(1) copy of the art	ticles of incorporation and a	check for:
\$\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Kim Fitz Name	e (Printed or typed)	
	854 Briar Dak CT		
	Tarpon Spra	S Fla 34689 Jty, State & Zip	·
	(727) 372-4 Daytin	136 or (727)50 Telephone number	<u>42-54</u> 54

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ARTICLE I NAME The name of the corporation shall be:			
TRINITY CHRISTIAN ACADEMY OF PASCO, I'M			
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: \$\int_{\text{P.O.}} \text{BOY 373} \\ \text{Tarpin Sprgs}, Fla 34688 - 0373			
ARTICLE III PURPOSE The purpose for which the corporation is organized is:			
Education Education			
ARTICLE IV SHARES The number of shares of stock is:			
The purpose for which the corporation is organized is: Education ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(s To be named later date			
to be named later date			
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:			
Kim Fitz 854 Briar Oak CT Tarpon Sprgs, Fla 34689 ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Kim fitz 854 Briar Oak CT Tarpon sprgs, Fla 34689			

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity			
Signature/Registered Agent $\frac{1/31/2002}{Date}$			
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