

P10000015195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

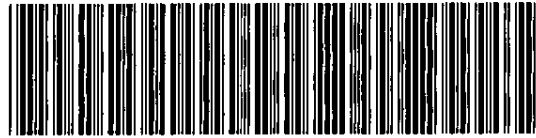
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/19/10--01016--009 \*\*27.50

RECEIVED  
10 FEB 19 AM 11:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 FEB 19 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B McKnight FEB 19 2010

## COVER LETTER

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

SUBJECT: Covenant Kidz Christian Academy  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Bettye Lovett  
Name (Printed or typed)  
4235 Woodville Hwy  
Address  
Tallahassee Florida 32305  
City, State & Zip  
(850) 321-9225  
Daytime Telephone number  
Phatonthemove@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

2/19/10

To Whom this may Concern:

This letter is to state that I will not revoke the  
disolution of Covenant Kids Christian Academy Inc document  
number P08000084766.



**FILED**

10 FEB 19 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Covenant Kidz Christian Academy Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4235 Woodville Hwy  
Tallahassee, FL 32305

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Child Care Center

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Betty Lovett - Director  
4000 Buster Rd  
Tallahassee, FL 32305

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Betty Lovett  
4000 Buster Rd  
Tallahassee, FL 32305

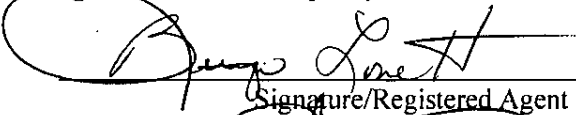
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Merdis Timmons  
4002 Morgan Rd  
Tallahassee, FL 32305

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

**FILED**  
10 FEB 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/19/10

Date

2/19/10

Date