

P16000037833

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/16--01014--013 **78.75

FILED
16 APR 28 PM 2:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Ouligan APR 29 2016

COVER LETTER

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

SUBJECT: Christ Way Academy Inc.
(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: Ronnie L. King
Name (Printed or typed)

7819 N 50th Street
Address

Tampa FL 33617
City, State & Zip

(813) 695 - 3262
Daytime Telephone number

Elderrking@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2016

RONNIE L. KING
7819 N 50TH STREET
TAMPA, FL 33617

SUBJECT: CHRIST WAY ACADEMY
Ref. Number: W16000020102

We have received your document for CHRIST WAY ACADEMY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 116A00005529

RECEIVED
16 APR 28 AM 11:06
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: Chnst Way Academy Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7819 N 50th Street
Tampa FL 33617

Mailing address, if different is:

10518 Goldwater LN
Riverview FL 33578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO take care of children while providing an
Education.

ARTICLE IV SHARES

The number of shares of stock is: 10

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronnie L King (CEO) Name and Title: _____

Address 10518 Goldwater LN Address: _____
Riverview FL 33578

Name and Title: St. Claire Sturge (D) Name and Title: _____

Address 3010 E EMMA ST Address: _____
Tampa FL 33610

Name and Title: Maite Gittens (S) Name and Title: _____

Address 7203 Five Point Cir Address: _____
#207
Tampa FL 33634

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: Maite Gittens

Address: 7203 Five Point Cir
#207 Tampa FL 33634

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Bonnie L King

Address: 10518 Goldwater LN
Riverview FL 33578

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.)

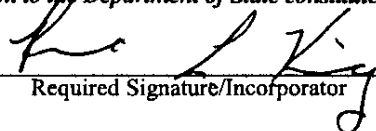
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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/Registered Agent

4/13/2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

4/13/2016
Date