

F/4000000/626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

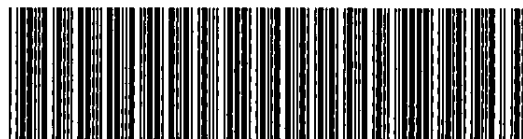
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: My Cyber Guardian Educational Services Inc.
Name of Corporation -- must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Kevin Trotter

Name of Person

My Cyber Guardian Educational Services Inc.

Firm/Company

4138 Spring Way Cir

Address

Valrico, FL 33596

City/State and Zip Code

kevin@mycyberguardian.com

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

For further information concerning this matter, please call:

Kevin Trotter

Name of Person

at (317) 557-4219

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. My Cyber Guardian Educational Services Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Indiana 3. 27-2985811
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/8/2010 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4138 Spring Way Cir Valrico, FL 33596
(Principal office address)

4138 Spring Way Cir Valrico, FL 33596

(Current mailing address)

8. _____
To educate the public including children, teens, parents, and other community members as to the dangers posed online and how to be safeguarded.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kevin Trotter

Office Address: 4138 Spring Way Cir

Valrico

(City)

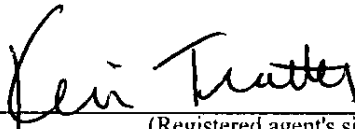
, Florida 33596

(Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dan Claassen

Address: 9509 Laurel Ledge Dr.

Riverview, FL 33569

Vice President: Kevin Trotter

Address: 4138 Spring Way Cir

Valrico, FL 33596

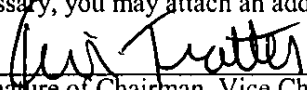
Secretary: Teri Claassen

Address: 9509 Laurel Ledge Dr. Riverview, FL 33569

Treasurer: Dan Claassen

Address: 9509 Laurel Ledge Dr. Riverview, FL 33569

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kevin Trotter - Vice President
(Typed or printed name and capacity of person signing application)



My Cyber Guardian Educational
Services Inc.

493 Westfield Rd Suite C
Noblesville, IN 46060

P. O. Box 6416
Fishers, IN 46038

317-863-2579
www.BecomeAnUpstander.org

Board of Directors

President and Treasurer: Dan Claassen
9509 Laurel Ledge Dr.
Riverview, FL 33569

Vice President: Kevin Trotter
4138 Spring Way Cir.
Valrico, FL 33596

Secretary: Teri Claassen
9509 Laurel Ledge Dr.
Riverview, FL 33569

Board Member: Tom Cates
802 Pebble Brook Place
Noblesville, IN 46062

Board Member: Linda Swindell, Ph.D.
9904 Carefree Drive
Indianapolis, IN 46256

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STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

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To Whom These Presents Come, Greetings:

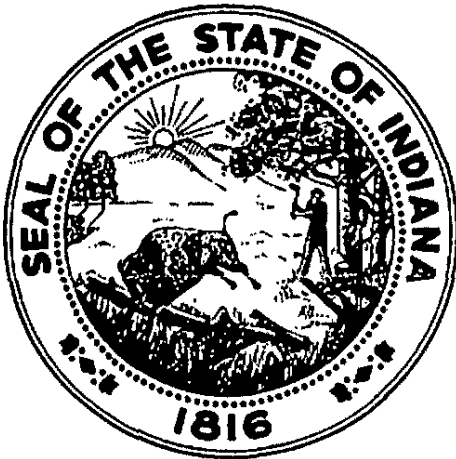
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MY CYBER GUARDIAN EDUCATIONAL SERVICES INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on July 08, 2010, and was in existence or authorized to transact business in the State of Indiana on March 24, 2014.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-Fourth Day of March, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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