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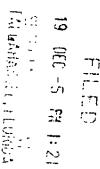
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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JAN 1 1 2020 S. YOUNG

COVER LETTER

Registration Section

TO:

Divisi	ion of Corporations	å	
E SUBJECT:	ELEVATION ACADEMY LLC		
	Name of I	Limited Liability Cor	npany
Dear Sir or Ma	ıdam:		
The enclosed S	Statement of Authority and fee(s) ar	e submitted for filing	<u>.</u>
Please return a	Il correspondence concerning this n	natter to the followin	g:
Christopher Sr	nith		
	Name of Person	-	-
SmithLaw			
	Firm/Company		_
5391 Lakewoo	od Ranch Blvd N 203		
	Address		
Sarasota. FL 3	4240		
	City/State and Zip Code		_
smith@chrissn	mith.com		
E-ma	il address: (to be used for future and	nual report notification	on)
For further info	ormation concerning this matter, ple	ease call:	
Chris Smith		941 at (202-2222
	Name of Person	Area Code	Daytime Telephone Number
Mail	ing Address:		Street Address:
Regis	stration Section		Registration Section
Divis	sion of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E138 (2/14)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF AUTHORITY

TRST:	The name o	f the limited liab	ility company is: ELEV	VATION ACADI	EMY LLC		
ECOND: The Florida Document Number of the limited liability company is:							
HIRD;	The street a		nited liability company	s principal office	is:		
	Sarasota, FI	L 34232				<u> </u>	
	The mailir 582 McInto	_	limited liability compar	ny's principal off	īce is:		
	Sarasota, FI	L 34232					
osition o erson or	of a person i n the followi	n a company, whing: ecute an instrume	ty grants or sets limitati ether as a member, tran ent transferring real pro thew Hiller	perty held in the	officer or otherw	ise or to a speci	
	b.	No authority gra	anted to: Thomas J. Ca	irollo 	Jan.	19 OCC	
	2. May er a.	onter into other transfer $\frac{M}{M}$	nsactions on behalf of, latthew Hiller	or otherwise act f	for or bind, the co	mpany _[T]	
	b.	No authority gra	anted to: Thomas J. Ca	rollo			
/	Mis	1 Cm	M		as J. Carollo		
ignatufe	e of aut <mark>ly</mark> oriz	ed representative	Filing Fee:	Type \$25.00	ed or printed nam	e of signature	