

N13000006633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

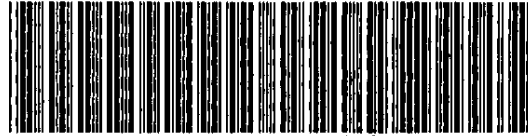
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400249834764

07/22/13--01008--001 **78.90

13 JUL 22 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/25
8

COVER LETTER

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

SUBJECT: Chosen Generation Academy Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Stephanie Schurman

Name (Printed or typed)

306 W. Lancaster Rd

Address

Orlando FL 32809

City, State & Zip

407-790-5148

Daytime Telephone number

saschurman1@yahoo.com

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Chosen Generation Academy Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
306 West Lancaster Rd
Orlando FL 32809

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create an alternative education in a christian
environment in both spiritual and academics instructions to children with low-income families
Chosen Generation Academy will have a learning center for infants until 4 year olds and
after school program. Chosen Generation Academy will operate as a private religious school for
kindergarten -12. This organization is religious and charitable as a nonprofit under 501c3 Code

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Set forth in By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Schurman CEO Pres.
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

Name and Title: Blair Harden Trustee
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

Name and Title: Bliss Harden Secretary
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

Name and Title: _____
Address: _____

Name and Title: Brianca Harden Treasurer
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

Name and Title: _____
Address: _____

13 JUL 22 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Stephanie Schurman
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

ARTICLE VII INCORPORATOR

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

Name: Stephanie Schurman
Address: 15154 West Colonial Drive Apt 101
Winter Garden FL 34787

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

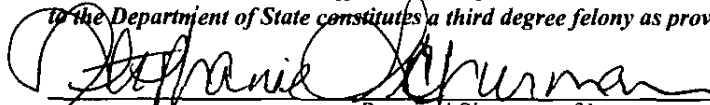


Required Signature of Registered Agent

July 11, 2013

Date

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

July 11, 2013

Date

13 JUL 22 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS