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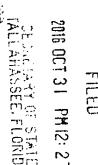
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COVER LETTER

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

	(PROPOSED CORPORATE NAMÉ – <u>MUST INCLUDE SUFFIX</u>)		
nclosed is an original ar	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	McKeel Academy of Techno	logy Ptso me (Printed or typed)	_

McKeel Academy of Technology PTSO, Incorporated

Daytime Telephone number

sdtmute@gmail.com

1810 West Parker Street

Lakeland, FL 33815

863-499-2818

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

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

Address

City, State & Zip

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

ARTICLE I The name of	the corporation shall be.		FILE.		
ARTICLE II PRINCIPAL OFFICE			FILED		
	Principal street address:		Mailing address, if different is!2: 27		
181	0 West Parker Street		TALEAMASSEE, FLORIDA		
Lak	reland, FL 33815		20 TOTAL FLUMUA		
<u>ARTICLE II</u>		exclusively for educa	ational purposes, including, for such purposes, to		
	for which the corporation is organized is:	·	ng distributions to organizations that qualify as		
					
	<u> </u>	nternal Revenue Code	or the corresponding section of any future		
ederal tax co	ode.				
	/ MANNER OF FLECTION The m	cannor in which the dire	ectors are elected and appointed. Nominating Com	ımi	
_			ctors are elected and appointed: Nominating Com	mi	
RTICLE V	INITIAL OFFICERS AND/OR DIR		Angela Porricelli Vice-President	nmit	
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS	Angela Porricelli Vice-President	nmi	
NATICLE V	INITIAL OFFICERS AND/OR DIRE	ECTORS Name and Title	Angela Porricelli, Vice-President	nmi	
Name and Tit	INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE STA	ECTORS Name and Title Address:	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815.	umi	
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE STA	ECTORS Name and Title Address: Name and Title	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815.	nmi	
ARTICLE V Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR INITIAL OFFICERS AND INITIAL OFFICERS A	ECTORS Name and Title Address:	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815. Michele Tailer, Treasurer	nmi	
Name and Tit	INITIAL OFFICERS AND/OR DIRECTION tile: Katherine Ramlogan, President 1810 West Parker Street Lakeland, FL 33815 Erin Dennes, Secretary 1810 West Parker Street Lakeland, FL 33815	ECTORS Name and Title Address: Name and Title Address:	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815. Michele Tailer, Treasurer 1810 West Parker Street Lakeland, FL 33815	nmi	
ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTOR INITIAL OFFICERS AND INITIAL OFFICER	ECTORS Name and Title Address: Name and Title Address: Name and Title	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815. Michele Tailer, Treasurer 1810 West Parker Street Lakeland, FL 33815	nmi	
ARTICLE IV ARTICLE V Name and Tit Address Name and Tit Address	INITIAL OFFICERS AND/OR DIRECTION tile: Katherine Ramlogan, President 1810 West Parker Street Lakeland, FL 33815 Erin Dennes, Secretary 1810 West Parker Street Lakeland, FL 33815	ECTORS Name and Title Address: Name and Title Address: Name and Title	Angela Porricelli, Vice-President 1810 West Parker Street Lakeland, FL 33815. Michele Tailer, Treasurer 1810 West Parker Street Lakeland, FL 33815	nmi	

Name and Title:		Name and Title:	
Address _	. ,	Address:	y
			FILED
			2016 OCT 31 PM 12: 27
Name and Title:_		Name and Title:	111/2
Address		Address:	TALLAHASSEE, FLORIDA
			
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT accep	otable) of the registered	d agent is:
Name:	Michele D. Tailer	·	
Address: 1810 West Parker S		eet	
	Lakeland, FL 33815		
	INCORPORATOR Idress of the Incorporator is: Michele D. Tailer 1810 West Parker Str Lakeland, FL 33815	eet	
Effective date, if	EFFECTIVE DATE: other than the date of filing:	d cannot be more th	. (OPTIONAL) an five business days prior or 90 business days
Note: If the date document's effect	inserted in this block does not meet the ap tive date on the Department of State's reco	plicable statutory filir rds.	ng requirements, this date will not be listed as the
Having been nat certificate, I am	med as registered agent to accept service familiar with and accept the appointment a	of process for the abo s registered agent and	ove stated corporation at the place designated in this agree to act in this capacity
\mathcal{A}	itale D. Naile	s)	October 27, 2016
	Required Signature of Registered	Agent	Date
	ument and affirm that the facts stated here nt of State constitutes a third degree felony		re that any false information submitted in a document 17.155, F.S.
	Sicholo D. Ma	iles)	October 27, 2016
	Required Signature of Incor	porator	Date