

N18 000 005 058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

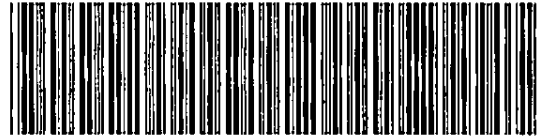
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/18--01018--001 **70.00

FILED
18 MAY -9 AM 11:00
TALLAHASSEE, FL



W18-37739

D O'KEEFE

MAY 10 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2018

SHANIKA WILCHOMBE
19800 N.W. 7TH AVENUE
MIAMI, FL 33169

SUBJECT: LOTUS ELITE ACADEMIC PREPARATORY SCHOOL, INC.
Ref. Number: W18000037739

We have received your document for LOTUS ELITE ACADEMIC PREPARATORY SCHOOL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 718A00008096

18 MAY -9 AM 11:00
TALLAHASSEE, FL
COMMUNICATIONS SECTION

99

Date: April 12, 2018

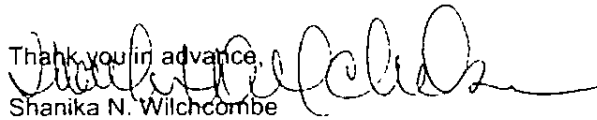
To: Sunbiz Corporations Department

Re: Use of name

This letter is in regards to the name Lotus Elite Academic Preparatory School File number P16000092314. I am changing the entity to a Not for Profit and I am requesting to release ~~the~~ use of the name. Attached you will see the Articles of Incorporation. Your help is greatly appreciated.

Thank you in advance,

Shanika N. Wilchcombe

A handwritten signature in black ink, appearing to read 'Shanika N. Wilchcombe', written over the printed name.

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

SUBJECT: LOTUS Elite Academic Preparatory School, 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: Shanika Wilchcombe
Name (Printed or typed)

19800 N.W. 7th Avenue
Address

Miami, Fla. 33169
City, State & Zip

786 - 299 - 7243
Daytime Telephone number

aleapseducation@gmail.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: LOTUS Elite Academic Preparatory School, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

20535 N.W. 2nd Avenue
Miami, Fla. 33169

Mailing address, if different is:

19800 N.W. 7th Avenue
Miami, Fla. 33169

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

ARTICLE I NAME

The name of the corporation shall be: Lotus Elite Academic Preparatory School Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

20535 N.W. 2ND AVENUE #100

Miami, Fla 33169

Mailing address, if different is:

19800 N.W. 7TH AVENUE

Miami, Fla 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide educational training and training for students. We provide nutritional meals, community service, educational instruction, fine arts life skills, field trips, guest speakers and curriculum development. L.E.A.P.S. also provides tutoring and training for parents. instructional

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

elected at annual meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mirlande Registre

Address: 1212 N.E. 14TH Street
North Miami, FL 33161
Vice President

Name and Title: Averant Moreau

Address: 12882 SW. 50TH Street
Miramar, Fla. 33097
Director of Operations

Name and Title: Daizsa Jones

Address: 19800 N.W. 7TH Avenue
Miami, Fla. 33169
Secretary

Name and Title: _____

Address: _____

Name and Title: Darcy Jones

Address: 44 N.E. 68TH Street
Miami / FL 33138
Treasurer

Name and Title: _____

Address: _____

SEAL OF THE
STATE OF FLORIDA

18 MAY -9 AM 7:00

CD

70

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: Shanika Wilchcombe
 Address: 19800 N.W. 7th Avenue
Miami, FL 33169

FILED
 18 MAY -9 AM 7:00
 TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shanika Wilchcombe
 Address: 19800 N.W. 7th Avenue
Miami, FL 33169

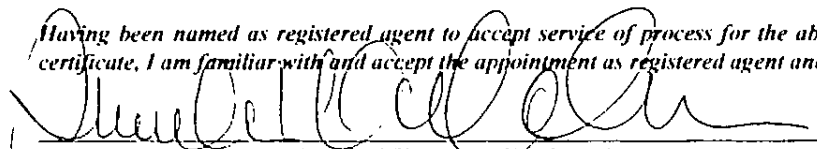
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

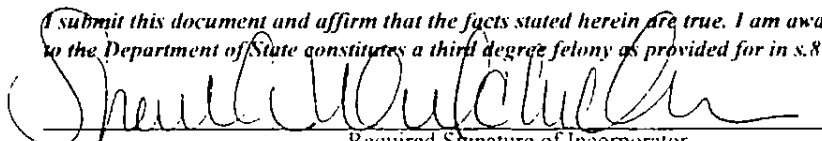
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 of Registered Agent

4-30-2018
 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

4-30-2018
 Date