N19000008124

(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



800331582238

07/17/19--01009--013 **87.50

SECRETARY OF STATE ALLAHASSEE, FLORIDA FILED

AUG 0 1 2019

K. Brumbley

COVER LETTER

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

SUBJECT: ELITE ACA	ADEMY OF SWFL, INC.			
Enclosed is an original a	(PROPOSED CORPO	RATE NAME - MUST IN		
\$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:	Michael E. Lashbrook			
	Name (Printed or typed)			
	12355 Jewel Stone Lane			
		Address	•	

Fort Myers, FL 33913

lashbrook67@gmail.com

239-691-0093

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

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

. . . .

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

The name of t	the corporation shall be:	MY OF SWFL, INC.		
<u>123</u>	PRINCIPAL OFFICE Principal street address: 55 Jewel Stone Lane		Mailing address, if different is:	
For	Myers, FL. 33913			
charitable, re	for which the corporation is organized is:	ses, including, for sucl		to organizations
	as exempt organizations under section 50			<u> </u>
	character building opportunities for under			 :
	international academic pursuits and culti			
	alanced and ongoing healthy lifestyle.			
ARTICLE IV	MANNER OF ELECTION The ma	anner in which the dire	ctors are elected and appointed: AS	PROVISED FOR Bylaws.
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	<u>ECTORS</u>		
Name and Tit	Michael E. Lashbrook, President	Name and Title:	Daniel Hostettler, Vice President	_
Address	12355 Jewel Stone Lane	Address:	14420 Old Hickory Blvd	
	Fort Myers, FL 33913		Fort Myers, FL 33912	-
Name and Tit	Paula Brooks, Vice President	Name and Title		
Address	8907 Falcon Pointe Loop	Address:	TAL	20 SE
	Fort Myers, FL 33912	Avdress.	All	E SECRE IS
Name and Tit	le:	Name and Title:	1 '/	7
Address		Address:	ORIDA ORIDA	至 0 0 0 0

Name and Title:		Name and Title:
Address		Address:
-		
Name and Title:		Name and Title:
Address _		Address:
_		
_		
	REGISTERED AGENT	
The <u>name and Fi</u>	lorida street address (P.O. Box NOT accep	ptable) of the registered agent is:
Name:	Michael E. Lashbrook	
Address:	12335 Jewel Stone Lane	
	Fort Myers, FL, 33913	
	Michael E. Lashbrook 12335 Jewel Stone Lane	
	Fort Myers, FL, 33913	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	. (OPTIONAL.) d cannot be more than five days prior or 90 days after the filing.)
Note: If the date document's effec	inserted in this block does not meet the applicate on the Department of State's reco	plicable statutory filing requirements, this date will not be listed as the rds.
certificate, Lam f	ned as registered agent to accept service of familiar with and accept the appointment as Required Signature of Registered Michael LASHBLOOLL	of process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity $\frac{7/5/j9}{4}$
	Required Signature of Registered MICHAEL E. LASHBLOOLL ument and affirm that the facts stated herei t of State constitutes a third degree felony a	in ure true, i am aware that any jaise information submitted in a document
	Required Signature of Incorp	porator Date
	MICHAEL E. LASHBAOOK	