

N210000 12694

(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



800387173538

05/09/22--01035--007 \*\*43.75

2022 MAY -9 PM 3:11

*Je*

## COVER LETTER

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

SUBJECT: The House of Elon Inc  
CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☐ \$35.00  
Filing Fee

☒ \$43.75  
Filing Fee  
& Certificate of Status

☐ \$43.75  
Filing Fee  
& Certified Copy

☐ \$52.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Danielle Lopez  
Name (Printed or typed)

2856 Via Campania St.  
Address

Fort Myers, Florida 33905  
City, State & Zip

239-281-0647  
Daytime Telephone number

Danielle Lopez @ the house of elon . com  
E-mail address (to be used for future annual report notification)

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

## RESTATED ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation is: The House of Elon Inc

### ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: Purpose:

Said organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations described under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

### Dissolution Clause:

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or ~~to~~ to a state or local government, for a public purpose.

2022/11/17 - 3 PM 3:11

### ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	Director of Finance & Funding	Zachael Ward	27882 Hacienda Village Dr
<input checked="" type="checkbox"/> Add			Bonita Springs FL 34135
<input type="checkbox"/> Remove	Director of Construction	Michael Feldman	11480 Villa Grand #124
2) <input checked="" type="checkbox"/> Add			Fort Myers, FL 33913
<input type="checkbox"/> Remove	Director of Social Services	Joseph Allen	405 Monterey Ave
3) <input checked="" type="checkbox"/> Add			Cape Coral
<input type="checkbox"/> Remove			FL 33904
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Danielle Lopez

Address: 2856 Via Campanica St  
Fort Myers, FL 33905

*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/Registered Agent

4/20/2022  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

**Adoption of Amendment(s)**

**(CHECK ONE)**

These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was 4/20/2022, and the votes cast were sufficient for approval

These restated articles of incorporation were adopted by the board of directors.

0000 11: 3:12

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 4/20/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 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.

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

Dated: 4/20/2022

Signature: 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

Danielle Lopez  
(Typed or printed name of person signing)

President  
(Title of person signing)