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COVER LETTER

10:	_	ration Sec on of Co	tion rporations		
CHDI	ECT:	National	Development Corporation of De	elta Phi Epsilon, Inc.	
SODA	ECT:_		Name of Corporation	n – must include suffix	
Dear S	Sir or Ma	ıdam:			
Affair	s in Flor	ida", "Cen	on by Foreign Not for Profit (dificate of Existence", or "Ce need not for profit corporation	rtificate of Status" and ch	eck are submitted to
Please	return a	ll correspo	ondence concerning this matt	er to the following:	
		Alison Tr	ianto		
			Name of	Person	
		Manley B	urke Compliance, LLC		
			Firm/Co	mpany	
		225 West	Court Street		
			Addr	ess	
		Cincinnat	i, OH 45202		
			City/State and	l Zip Code	
		reports@c	ompliancemb.com		
		E-ma	ail address: (to be used for fu	ture annual report notific	ation)
For fu	rther info	ormation c	oncerning this matter, please	call:	
Alisor	n Trianfo		at (513 673-6748	
		Name of	Person	rea Code Daytime Te	lephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		porations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please		ck payable	ne following amount: to: FLORIDA DEPARTMEN \$\Boxed{\Pi}\$78.75 Filing Fee & Certificate of Status	T OF STATE □\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

/16 mm = 1 mm :	ailable in Elevida, entar alternate compensa non	ne adopted for the purpose of transacting busine	on in the side s
(11 name unav	mable in Piorida, enter alternate corporate nam	ie adopted for the purpose of transacting busine	iss in riorida)
Missouri	3	(FEI number, if applicable)	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)	•
03/28/1996	:	Perpetual	
(1	Date of Incorporation)	(Date of duration, if other than per	petual)
Date first conc	ucted affairs in Florida if prior to registration, Sec	e sections 617.1501 & 617.1502, F.S. to determin	e penalty liability
251 S. Camac	Street, Floor 2, Philadelphia, PA 19107		
		fice street address)	
	(Current mailing	g address, if different)	
	(Curen manng	g address, if different)	
All legal purp	oses; specifically to own and manage real prop- corporation authorized in home state or country	erty.	
Purpose(s) of	corporation authorized in home state or country	y to be carried out in the state of Florida)	
Name and str	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	~
Name and str	eet address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	787.
		O. Box <u>NOT</u> acceptable)	LÜZH AF
Name:	Corporate Creations Network Inc.	O. Box <u>NOT</u> acceptable)	LÜLH APR 2
Name:	Corporate Creations Network Inc. 801 US Highway 1		4044 APR 23
Name:	Corporate Creations Network Inc. 801 US Highway 1		ω
Name:	Corporate Creations Network Inc. 801 US Highway 1	O. Box <u>NOT</u> acceptable) Florida 33408	3 P:
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Name: fice Address:	Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) Lagent's acceptance:	Florida 33408 (Zip Code)	3 Pii 3: 4
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Name: fice Address: Registered wing been no signated in the	Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) I agent's acceptance: I med as registered agent and to accept ser its application, I hereby accept the appoint to comply with the provisions of all statutes	. Florida 33408 (Zip Code) rvice of process for the above stated corporatment as registered agent and agree to act is relative to the proper and complete performance.	ω ⇔ ration at the plant in this capaci
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Name: Tice Address: O. Registered wing been no signated in the other agree to	Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) Lagent's acceptance: Inmed as registered agent and to accept servis application, I hereby accept the appoint of comply with the provisions of all statutes for with and accept the obligations of my page 1980.	Florida \frac{33408}{(Zip Code)} rvice of process for the above stated corpore timent as registered agent and agree to act is relative to the proper and complete performance of the proper and complete performance is registered agent.	ω ⇔ ration at the plant in this capaci
Name: ffice Address: 0. Registered aving been notesignated in the	Corporate Creations Network Inc. 801 US Highway 1 North Palm Beach (City) I agent's acceptance: Immed as registered agent and to accept servits application, I hereby accept the appoint a comply with the provisions of all statutes for with and accept the obligations of my page 1.	. Florida 33408 (Zip Code) rvice of process for the above stated corporatment as registered agent and agree to act is relative to the proper and complete performance.	ω ⇔ ration at the plant in this capaci

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	Melissa Eng-Pascual Name:	□Chairman	Name: Marci Spero Gordon
□Vice Chairman	Address: 251 S. Camac Street	□Vice Chairman	Address: 251 S. Camac Street
□Director	Floor 2	□Director	Floor 2
■President	Philadelphia, PA 19107	□President	Philadelphia. PA 19107
□Vice President		■Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:		□Other:	□Other:
□Chairman	Arleen Kruger Honick	□Chairman	Nicole DeFeo
□Vice Chairman	Address: 251 S. Camac Street	□Vice Chairman	Address: 251 S. Camac Street
□Director	Floor 2	□Director	Floor 2
□President	Philadelphia, PA 19107	□President	Philadelphia. PA 19107
□Vice President		□Vice President	
■ Secretary	Treasurer	☐ Secretary	■ Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	□Other:	Other:
Non-indexed indi	nt Notice: Use an attachment to report more than six viduals may be added to the index when filing your	Florida Department	of State Annual Report form.
Nicole DeFe	(Signature of Chairman, Vice Chairman, or any of	ficer listed in number	12 of the application) 4.18-29 Authorized Representation
14. Nicole Dere	(Typed or printed name and capacity of pe	erson signing applicat	ion) ALAWANIA KEPESENIANA

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R, ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

NATIONAL DEVELOPMENT CORPORATION OF DELTA PHI EPSILON, INC. N00054112

was created under the laws of this State on the 28th day of March, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 17th day of April, 2024.

Secretary of State

Certification Number: CERT-04172024-0099

