

NO1000006880

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : NATIONS BUSINESS CENTER, INC.
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Phone : (305)591-9448
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

FLORIDA NON-PROFIT CORPORATION

ALPHA UPSILON LAMDDA MULTICULTURAL SORORITY, INC.

Certificate of Status	0
Certified Copy	1
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W-22491

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Alpha Upsilon Lambda Multicultural Sorority, Inc

ARTICLE II PRINCIPAL OFFICE

10468 Sun Stream Lane
Boca Raton, FL 33428

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is (are):

To Promote Education, Self Respect, Community Involment and pursuit of Excellence thru the efforts and activities of the Corporation.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

AS STATED IN THE BY LAWS

Adela Hassan - President
Lissette Burgos - Vice President
Ana Serna - Treasurer
Yuli Rodriguez - Secretary

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Adela Hassan
10468 Sun Stream Lane
Boca Raton, Florida 33428

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ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Adela Hassan
10468 Sun Stream Lane
Boca Raton, Florida 33428

Adela Hassan
Signature/Incorporator

9/20/01
Date

(An additional article must be added if an effective date is requested)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Adela Hassan
Signature/Registered Agent

9/20/01
Date

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