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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

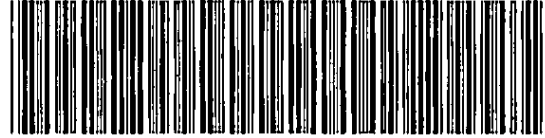
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PI DELTA OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY 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: ANNE WALTERS-POPE

Name (Printed or typed)

15626 SW 111 TERRACE

Address

MIAMI FL 33196

City, State & Zip

(786) 553-0134

Daytime Telephone number

ANNPOPE.AKA@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: PI DELTA OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
C/O ANNE WALTERS-POPE
15626 SW 111 TERRACE
MIAMI FL 33196

Mailing address, if different is:
PO BOX 571028
MIAMI FL 33257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

- cultivate and encourage high ethical standards
- promote unity and friendship among college educated women
- study and help alleviate problems concerning the community in order to improve the social stature
- carry out on a local level, programs of the international body
- and be of service to all mankind

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANNE WALTERS-POPE/PRESIDENT
Address: 15626 SW 111 TERRACE
MIAMI FL 33196

Name and Title: BONITA COOPER/VICE PRESIDENT
Address: 861 NW 213 TERRACE
#101
MIAMI FL 33169

Name and Title: RACHEL MUMFORD/TREASURER
Address: 350 S MIAMI AVENUE
#2206
MIAMI FL 33130

Name and Title: LYNETTE FAHIE/SECRETARY
Address: 13828 SW 156 AVENUE
MIAMI FL 33196

Name and Title: ROCHELLE ADGER/FINANCIAL SECR
Address: 15700 SW 153 COURT
MIAMI FL 33187

Name and Title: _____
Address: _____

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: RACHEL MUMFORD
Address: 350 S MIAMI AVE, #2206
MIAMI FL 33130

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TALLAHASSEE, FLORIDA
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANN E WALTERS-POPE
Address: 15626 SW 111 TERRACE
MIAMI FL 33196

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

Rachel P. Mumford
Required Signature of Registered Agent

3/15/2018
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.

Ann E. Walters-Pope
Required Signature of Incorporator

3/15/2018
Date