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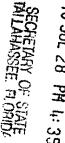
(Requestor's Name)				
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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: GAVE AUTHORIZATION BY PHONE TO				
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APPROVE FILED

Ps - 30/10

COVER LETTER

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

SUBJECT:	Kappa Psi Orlando Chapter, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORATE			
 ✓ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate	
	ADDITIONAL COPY REQUIRED			
FROM: Karl Healy Name (Printed or typed)				
217 Park Lake Street				
Address Orlando, Florida 32803				
City. State & Zip				
Daytime Telephone number				
khealy@ufl.edu 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)



NAME ARTICLE I

The name of the corporation shall be:

Kappa Psi Orlando Chapter, TNC.

10 JUL 28 PM 4: 35

ECRETARY OF STATE TALLAHASSEE, FI,ORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2725 S. Binion Road Apopka, Florida 32703

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct a professional fraternal organization for the mutual benefit of its members

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The nomination and election of disclosshall occur annually, as stipulated in By-Law XVII, Ordinance 5. These director shall serve until their successors are duly installed, unless removed from Office as stipulated in these By-Laws. All directorshall be selected from the Collegiate Membership of the Chapter, with the exception of the Grand Council Deputy (Chapter Counselor), who shall be a Graduate Member of the Fratemity. No Member shall be elected or installed unless in good academic standing and in good standing with the Chapter.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

217 Park Lake Street Karl Healy

Orlando, FL 32803

Regent/President Vice-Regent/Vice-President

Jeremy Lund

904 Oakwood Dr.

Largo, FL 33770 32714 Altamonte Springs, FL

Joel Peterson

488 Majestic Way

Treasurer

Joseph Trang Renee Rose

1926 Magies Ct.

2725 S Binion Road

Oviedo, Fl. 32766 Apopka, FL 32703

Secretary Grand Council Deputy / Director

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Karl Healy

217 Park Lake Street

Orlando, FL 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karl Healy

217 Park Lake Street

Orlando, FL 32803

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I sum familiar with and accept the appointment as registered agent and agree to act in this capacity. Signature/Registered Agent Signature/Incorporator