

N14000001700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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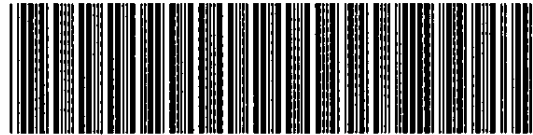
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 14 AM 11:10

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2/18/14

COVER LETTER

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

SUBJECT: **Greeks4Safety, 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: **Amar Eldaher**

Name (Printed or typed)

1160 N. Federal Highway, Unit #217

Address

Fort Lauderdale, Florida

City, State & Zip

(585) 721-3106

Daytime Telephone number

eldahe35@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: Greeks4Safety, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1160 N. Federal Highway, Unit #217

Mailing address, if different is:

Fort Lauderdale, Florida, 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to prevent or significantly reduce the number of hazing incidents in the United States.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 14 AM 11:10

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is provided for in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amar Eldaher, President

Address: 1160 N. Federal Hwy.,
Unit #217
Fort Lauderdale, Florida 33304

Name and Title: Taylor Gammon, Vice President

Address: 401 SE 18th St., Apt 1
Fort Lauderdale, Florida 33316

Name and Title: Eli Christiana, Treasurer

Address: 401 SE 18th St., Apt 1
Fort Lauderdale, Florida 33316

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Amar Eldaher

Address: 1160 N. Federal Hwy., Unit #217

Fort Lauderdale, Florida 33304

ARTICLE VII INCORPORATOR

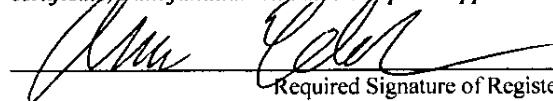
The name and address of the Incorporator is:

Name: Amar Eldaher

Address: 1160 N. Federal Hwy., Unit #217

Fort Lauderdale, Florida 33304

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 of Registered Agent

February 11, 2014

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.



Required Signature of Incorporator

February 11, 2014

Date