Fod 0000094306

		TRANSMIT	ſΑL	LETTER		ES E	FILED MII: 45
TO.	Desciatories Cos	tion				至2	3 =
TO:	Registration Sec Division of Corp						
	•				1		E 0
SUBJ	ECT: Epsilon Sig	ma Phi - The National H	nora	ry Extension Fraternity,	inc.	77.5	
		(Name of Corporation	ı – m	ust include surfix)		골금	វ័ា
Dear S	Sir or Madam:					7	
Affair	s in Florida", "Cert	n by Foreign Not for Prof fficate of Existence", and to conduct its affairs in F	check	are submitted to registe	ion to	o Conduct its above referenc	ed
Please	return all correspo	ndence concerning this m	atter	to the following:		nzpzz:	2434
Line	da D. Cook			B BB R	 ()8/22/0201	[021005
		(Name	of Per	rson)	4	****70.00	*****70.00
E	Epsilon Sigma Phi						
		(Firm/C	omp	any)			***
			_	*/			
	P.O. Box 35734	0					
		(Ad	dress)			
	Cainacuilla l	FL 32635-7340					- -
	Gairlesville, i	(City/State	and 7	in Code)			和L / /
		(City/State	IIIU Z	ip Code)			,
For fu	rther information c	oncerning this matter, ple	ase c	all:			
Cry	rstal J. Adkins		90)4			
		at	$\frac{30}{7x}$	rea Code & Daytime Te		one Number)	
	(Name of Person)		(1	rea Code & Dayinne To	юри		
Regis Divis: 409 E	EET ADDRESS: tration Section ion of Corporations L. Gaines St. hassee, FL 32399			MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	ns		·
Enclo	sed is a check for t	he following amount:					
⊡ \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy		\$87.50 Filing F Certificate of	

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:

1 Epsilon Sign	ma Phi The National Ho	norary Exte	ension Fraterni	ty, Inc.		
(Name of corpo	ration: must include the word "IN vill clearly indicate that it is a corpany" or "Co." may not be used as	ICORPORATI	ED" or "CORPORA d of a natural perso	TION" or words or ab	breviations of li so contained in t	ke import he name at
2. District of Col	umbia	3.	52-6044675			
(State or count	ry under the law of which it is inc	orporated)		(FEI number, if ap	oplicable)	
4. May 30, 1930	•	5.	perpetual			
····	(Date of Incorporation)		(Duration: Y	ear corp. will cease to	exist or "perpeti	ial")
6. 2002				-		
(Date con	poration first conducted Affairs i	n Florida - <i>See</i>	sections 617.1501,	617.1502, and 817.15	5, F.S.)	
7 P.O. Box 35	7340, Gainesville, FL 32635-73	340				
/		(Principal	office address)			
P.O. Box 35	7340, Gainesville, FL 32635-7	340				
		(Current m	ailing address)			
					E S S S S S S S S S S S S S S S S S S S	
。 charitable	and educational within th	e meaning	of Section 501	I(c)(3) of the inte	rhafRevenu	ie Code
8	(Purpose(s) of corporation autho	rized in home	state or country to b	e carried out in the sta	itezof Florida)	
			∞ο νΜ	1 Deen Bou NOT on	Signal and the second s	, L
9. Name and st	reet address of Florida regis	tered agent:	(P.O. Box or Mai	I Drop Box NOT ac	Coptaine)	0
					10 10 11 11 11 11 11	
Name:	Linda D. Cook				응유 5	
	acat N.W. 20th Place				<i>D</i>	
Office Address:	2621 N.W. 29th Place					9° 1 ~1
	Gainesville		, Florida 3260)5 .		
	(City)			(Zip Code)		
Having been	l agent's acceptance: named as registered agent an this application, I hereby ac	aant tua anna	INTINONT AC POOIST	eren aveni unu ayre	e in act in mis	CHDUCKI.
I further agi duties, and I	ree to comply with the provision familiar with and accept to	ons of au stat the obligation	uses relative to the instance of my position	as registered agent.	ete perjorman	ee oj my
	Lun	es A.	Cook			
		(Registered	agent's signature)		- `	-

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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman	n/a 	<u>.</u>
Address:_		
Vice Chai	rman: n/a	
Address:_		the so
Director:_ & V.P.	Bob Ohlensehlen	e e i e e
Address:	246 3rd Avenue East, Twin Falls, ID 83301	
 Director:_ & V.P.	James Hoviand	
Address:_	227 Admin/Ext. Bldg., Fond DuLac, WI 54935	
_	DE SI	
B. OFFI	ICERS	
President:_	Fay B. Stickler	`.i. 'Z' .
Address:	P.O. Box 520/1238 County Welfare Road, Leesport, PA 19533	
_		
Director & Vice Presid	dent: Bonnie D. McGee	
Address:	104 Jack K. Williams Admin Bldg., College Station, TX 77843-7101	= - 4
		-
Director & Secretary:_	Linda D. Cook	
Address:	P.O. Box 357340, Gainesville, FL 32635-7340	<u>.</u>
Treasurer:_	Linda D. Cook	
	P.O. Box 357340, Gainesville, FL 32635-7340	· • •
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and/or directors.	,a- •
ر انعاد	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. Linda	D. Cook, Secretary/Treasurer (Typed or printed name and capacity of person signing application)	# N

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



CERTIFICATE

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the **30th** day of **May**, **1930**, a **Certificate of Incorporation of:**

EPSILON SIGMA PHI - NATIONAL HONORARY EXTENSION FRATERNITY

WE FURTHER CERTIFY that said Certificate of Incorporation has not been dissolved or revoked as of the date herinafter set forth.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 11th day of July, 2002.

AUG 22 AM II: 45 CRETARY OF STATE

David Clark DIRECTOR

Elizabeth O. Kim

Administrator

Business Regulation Administration

Patricia E. Grays

Superintendent of Corporations

Corporations Division

Anthony A. Williams Mayor