

10/18/2017

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

F17000004731

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	06
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Corporate Filing Menu

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2017 OCT 19 AM 8:29
 FALL 2017

2017 OCT 19 AM 10:09
 TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kappa Alpha Theta Fraternity Housing Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jeff Risser, Director of Finance

Name of Person

Kappa Alpha Theta Fraternity Housing Corporation

Firm/Company

8740 Founders Road

Address

Indianapolis, IN 46268

City/State and Zip Code

jrissr@kappaalphatheta.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Yoder

614

464-5610

Name of Person

at (

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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2017 OCT 19 AM 09

TALLAHASSEE, FLORIDA

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. Kappa Alpha Theta Fraternity Housing Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 26-1430902
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/24/2007 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3740 Founders Road, Indianapolis, IN 46268
(Principal office address)

3740 Founders Road, Indianapolis, IN 46268
(Current mailing address)

8. (1) Promote the social, intellectual and moral development of the members of Kappa Alpha Theta Fraternity, in particular, the members of chapters of Kappa Alpha Theta Fraternity located in the State of Florida. (2) Promote and foster the goals of Kappa Alpha Theta Fraternity by providing or facilitating financing, services and programs in support of housing and other facilities for chapters of Kappa Alpha Theta Fraternity, in particular, the chapters of Kappa Alpha Theta Fraternity located in the State of Florida.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. Registered agent's acceptance:

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

By: James M. Hulpin James M. Hulpin - Assistant Secretary
(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 Please see addendum attached.

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

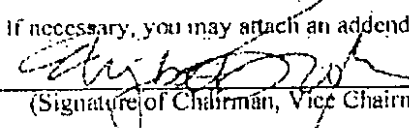
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elizabeth S. Corridan, Secretary _____
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors

A. DIRECTORS

Mary Jane Parker Beach, Director
8740 Founders Road
Indianapolis, IN 46268

Elizabeth S. Corridan, Director
8740 Founders Road
Indianapolis, IN 46268

Catherine K. Dickerson, Director
8740 Founders Road
Indianapolis, IN 46268

Angela Grimes, Director
8740 Founders Road
Indianapolis, IN 46268

Kathy Schweer, Director
8740 Founders Road
Indianapolis, IN 46268

B. OFFICERS

Mary Jane Parker Beach, President
8740 Founders Road
Indianapolis, IN 46268

Elizabeth S. Corridan, Vice President and Secretary
8740 Founders Road
Indianapolis, IN 46268

Catherine K. Dickerson, Vice President and Treasurer
8740 Founders Road
Indianapolis, IN 46268

Angela Grimes, Vice President
8740 Founders Road
Indianapolis, IN 46268

Kathy Schweer, Vice President
8740 Founders Road
Indianapolis, IN 46268

FILED
JUL 19 2017
TALLAHASSEE, FLORIDA

FILED
OCT 19 2017
TALLAHASSEE, FLORIDA

FILED

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

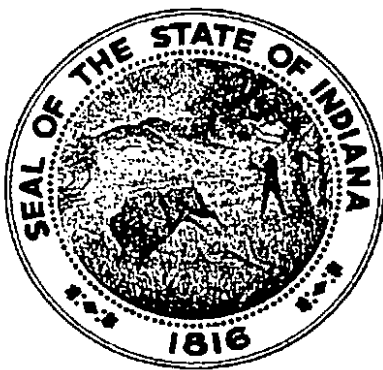
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

KAPPA ALPHA THETA FRATERNITY HOUSING CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 24, 2007, and was in existence or authorized to transact business in the State of Indiana on October 18, 2017.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 18, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

FILED
OCT 19 A 10:09
INDIANAPOLIS, INDIANA

FILED

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>