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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

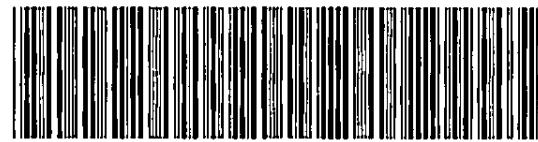
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2019 JAN 24 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sigma Tau Sigma Inc.

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:

Gwendolyn Harris

Name of Person

Sigma Tau Sigma Inc.

Firm/Company

2445 NW 162nd Terrace

Address

Miami Gardens, FL 33054

City/State and Zip Code

Bling9.sts@gmail.com

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

For further information concerning this matter, please call:

Gwendolyn Harris	at (786	487-6797
Name of Person		Area Code	Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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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. Sigma Tau Sigma **SORORITY INC.**

1. (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. Georgia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/7/17 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 2445 NW 162nd Terrace, Miami Gardens, FL 33054
(Principal office address)

(Current mailing address, if different)

8. _____
(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: Gwendolyn Harris
Office Address: 2445 NW 162nd Terrace
Miami Gardens 33054
(City) _____, Florida _____ (Zip Code) _____

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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.

Gwendolyn D. Harris
(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

Gwendolyn Harris

Chairman: _____
2445 NW 162ND TERRACE, Miami, FL 33054
Address: _____

Sarah Thompasionas

Vice Chairman: _____
2200 NE 4TH Avenue, Apt.406, Miami, FL 33137
Address: _____

Chief Executive Officer (CEO)/ Founder - Dr. Monique McMiller

Director: _____
5886 Strathmoor Manor Circle, Lithonia, GA 30058
Address: _____

Director: _____
Address: _____

B. OFFICERS

Gwendolyn Harris

President: _____
2445 NW 162nd Terrace, Miami Gardens, FL 33054
Address: _____

Sarah Thompasionas

Vice President: _____
2200 NE 4TH Avenue, Apt. 406, Miami, FL 33137
Address: _____

Jennifer Lewis

Secretary: _____
18802 NW 42ND Court, Miami Gardens, FL 33055
Address: _____

Kelcena Horne

Treasurer: _____
5001 NW 5TH Avenue, FL 33127
Address: _____

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

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

14. Gwendolyn D. Harris
(Typed or printed name and capacity of person signing application)

APPROVED
2019 JAN 24 PM 2:14
AND FILED
SECRETARY OF STATE
PALM BEACH COUNTY, FLORIDA

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Sigma Tau Sigma Sorority Inc.
a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16532906
Date Inc/Auth/Filed: 03/07/2017
Jurisdiction : Georgia
Print Date : 01/24/2019
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State