F19000000435

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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Division of Corporations		
SUBJECT: Sigma Tau Sigma Sor		
	Corporation	
DOCUMENT NUMBER: F19000000435		
The enclosed Affidavit by Foreign Corporation to C submitted for filing.	hange/Add Officer(s) and/or Director(s) and fee are	
Please return all correspondence concerning this mat	ter to the following:	
Sarah Thompasionas		
Name of Contact Person		
Sigma Tau Sigma Sorority In	C.	
Firm/Company		
2200 NE 4th Ave Unit 406		
Address		
Miami, FL 33137		
City/State and Zip Code		
stsbravetre@gmail.com	100 CT	
E-mail address: (to be used for future annual report r	notification) 🕹 💝	
For further information concerning this matter, please	Λ), ψ'	
Sarah Thompasionas 75	57 \956-9668 \frac{18}{18} \frac{18}{18}	
Sarah Thompasionas at (75) Name of Contact Person at (75) Area	Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida Dep	artment of State for the following amount:	
\$35.00 Filing Fee \$\ \text{Certificate of Status}\$	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: S Amendment Section	Street Address: Amendment Section	
Division of Corporations Division of Corporations		
	Clifton Building 2661 Executive Center Circle	
- mmmoooc, (12 32317	2001 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the fi	rst calendar year of qualification)
The name of the foreign corporation as it appears of Sigma Tau Sigma Sorority Inc.	on the records of the Florida Department of State is:
2. This entity was authorized to transact business in I number is F19000000435	Florida on 01/24/2019 and its Florida document
3. This corporation was formed under the laws of Ge	eorgia
4. The name and address of each officer and/or direct	tor is as follows:
Title: CEO/Director	Name and Address Dr. Monique McMiller
	5886 Strathmoor Manor Circle
	Lithonia, GA
Chair/President	Sarah Thompasionas
	2200 NE 4th Ave Unit
	Miami, FL 33137
	
(Attach additional pag	es if necessary)
hature of an officer or director	Chair/President Title of person signing
h Thompasionas d or printed name of person signing	FILING FEE \$35

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314