

FI9 000000 4823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

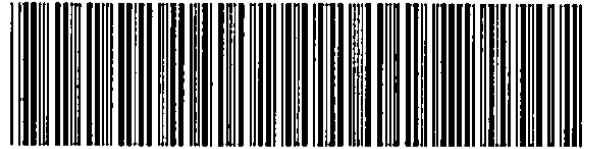
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000335289360

10/15/19--01049--025 \*\*87.80

T. CLINE

OCT 24

EXAMINER

CLERK OF STATE  
T. CLINE  
10/15/19

2019 OCT 15 AM 10:59

FILED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Theta Tau Educational Foundation Incorporated  
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:

Michael T Abraham

Name of Person

Theta Tau Central Office

Firm/Company

175 SW 7th Street

Suite 1615

Address

Miami, FL 33130

City/State and Zip Code

central.office@thetatau.org

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

SECRETARY OF STATE  
OFFICE OF ASSISTANT CLERK

2019 OCT 15 AM 10:59

FILED

For further information concerning this matter, please call:

Michael Abraham

Name of Person

at ( 786 )

Area Code

626-0952

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. Theta Tau Educational Foundation

(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.)

Theta Tau Educational Foundation Incorporated

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

2. Missouri 3. 43-1774314

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 25, 1997 5. perpetual

(Date of Incorporation) (Date of duration, if other than perpetual)

6. October 15, 2019

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

7. 1615 SW 7th Street, Suite 175, Miami, FL 33130

(Principal office street address)

(Current mailing address, if different)

8. operate an administrative/central office in planning leadership training events, student scholarships, etc

(Purposes 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: Michael Abraham

Office Address: 175 SW 7th Street Suite 1615

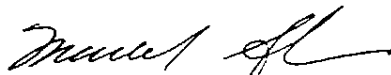
Miami, Florida 33130

(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.



(Registered agent's signature)

10/14/19

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.

2019 OCT 15 AM 10:59  
CLERK OF STATE  
JANASTA.FLORES

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Justin Wiseman  
☐ Vice Chairman Address: 175 SW 7th Street  
☐ Director Suite 1615  
☒ President Miami FL 33130  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Katie Griffin  
☐ Vice Chairman Address: 175 SW 7th Street  
☒ Director Suite 1615  
☐ President Miami FL 33130  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_


☐ Chairman Name: Michael T Abraham  
☐ Vice Chairman Address: 175 SW 7th Street  
☐ Director Suite 1615  
☐ President Miami FL 33130  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mark Wisneski  
☐ Vice Chairman Address: 175 SW 7th Street  
☐ Director Suite 1615  
☐ President Miami FL 33130  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Steven Brewer  
☐ Vice Chairman Address: 175 SW 7th Street  
☐ Director Suite 1615  
☐ President Miami FL 33130  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Michael T Abraham, Secretary  
 (Typed or printed name and capacity of person signing application)

2019 OCT 15 AM 10:59  
 CLERK OF STATE  
 TREASURY  
 ASSESSOR  
 FLORIDA

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**


**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

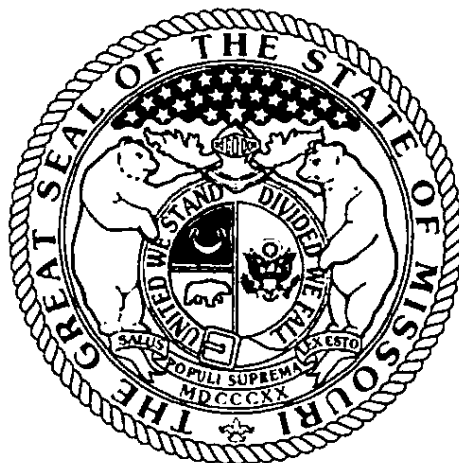
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***THETA TAU EDUCATIONAL FOUNDATION***  
***N00056237***

was created under the laws of this State on the 25th day of March, 1997, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 8th day of August, 2019.

  
Secretary of State



Certification Number: CERT-05082019-0065