

# No200006809

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

100007504961--8  
-09/04/02--01018--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: PI ALPHA KAPPA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: STACEY IBRAHIM  
Name (Printed or typed)

1865 DEL ROBLES DR.  
Address

CLEARWATER, FL 33764  
City, State & Zip

727-539-0967  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 SEP -4 AM 10:04

FILED

**ARTICLES OF INCORPORATION**

In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

*PI ALPHA KAPPA, INC.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

*1865 DEL ROBLES DR.  
CLEARWATER, FL 33764*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*SERVICE ORGANIZATION / CHARITABLE ORGANIZATION*

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

*OFFICERS ARE APPOINTED BY THE  
PREVIOUS YEAR'S OFFICERS*

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

*STACEY IBRAHIM 1865 DEL ROBLES DR CLEARWATER, FL 33764- PRESIDENT  
BETHANY PELLE 1835 NURSERY RD. CLEARWATER, FL 33764 VICE PRESIDENT  
KERI CERRATO 784 ISLAND WAY CLEARWATER, FL 33767-TREASURER*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

*STACEY IBRAHIM  
1865 DEL ROBLES DR. CLEARWATER, FL 33764*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*PI ALPHA KAPPA - STACEY IBRAHIM (PRESIDENT)  
1865 DEL ROBLES DR. CLEARWATER, FL 33764*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Stacey Ibrahim*  
\_\_\_\_\_  
Signature/Registered Agent

*8/29/02*  
\_\_\_\_\_  
Date

*Stacey Ibrahim*  
\_\_\_\_\_  
Signature/Incorporator  
*Stacey Ibrahim*

*8/29/02*  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA