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(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

☐ PICK-UP    ☐ WAIT    ☐ MAIL

(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Eta Eta Sigma Chapter of Sigma Gamma Rho Sorority, Incorporated  
(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:** Octavia Sharpe-Sherrod  
Name (Printed or typed)

P. O Box 1052  
Address

Boynton Beach, FL 33425  
City, State & Zip

(561) 742-6066  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

Eta Eta Sigma Chapter of Sigma Gamma Rho Sorority, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

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

P. O. Box 1052

Boynton Beach, FL 33425

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To enhance the quality of life within the community through public service, leadership development and education of youth. We will address concerns that impact society educationally, civically, and economically in Palm Beach County.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Officers are elected every 2 years by a 2/3 majority vote.

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

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

Octavia Sharpe-Sherrod (President); 150 NE 17th Ct.; Boynton Beach, FL 33435

Antoinita Ifill (Vice President); 303-B Runyon Village; Belle Glade, FL 33430

Nanzetta Leavy (Treasurer); 11211 S. Military Tr.; Boynton Beach, FL 33436

Dorothy Ellington (Fin. Secretary); 8597 Windy Cir.; Boynton Beach, FL 33437

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

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

Antoinita Ifill (Vice President); 303-B Runyon Village; Belle Glade, FL 33430

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Octavia Sharpe-Sherrod (President); 150 NE 17th Ct.; Boynton Beach, FL 33435

\*\*\*\*\*

*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.*

Antoinita Ifill  
Signature/Registered Agent

12/19/02  
Date

Octavia Sharpe-Sherrod  
Signature/Incorporator

12/19/02  
Date

FILED  
03 JAN 15 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA