

NO30000007117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

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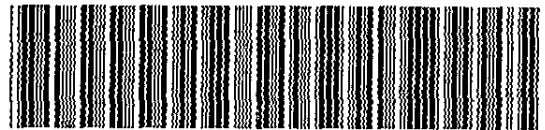
Samuel GAVE

AUTHORIZATION BY PHONE TO

CORRECT Art N, V, VI

DATE 8-19-03

DOC EXAM Samuel



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08/15/03--01017--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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8-19-03

## TRANSMITTAL LETTER

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

SUBJECT: Alpha Upsilon Sigma, 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: Samuel Sanabria  
Name (Printed or typed)

5250 17<sup>th</sup> ST  
Address

Sarasota, FL 34235  
City, State & Zip

941-379-0404 x387  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

Alpha Upsilon Sigma, Inc

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

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

5250 17<sup>th</sup> ST  
Sarasota, FL 34235

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Student organization: To meet the professional needs of counseling  
students in the masters and doctoral level

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

Directors/Officers will be elected by ballot. Officers include: President, President-Elect  
and a simple majority Secretary, + Treasurer.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

P - Faculty advisor - Samuel Sanabria  
5250 17<sup>th</sup> ST  
Sarasota, FL 34235

Officers to be announced  
upon election process.

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

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

Samuel Sanabria  
5250 17<sup>th</sup> ST  
Sarasota, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Samuel Sanabria  
5250 17<sup>th</sup> ST  
Sarasota, FL 34235

\*\*\*\*\*

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.

Signature/Registered Agent

Date

8/11/83

Signature/Incorporator

Date

8/11/83