

N04000005400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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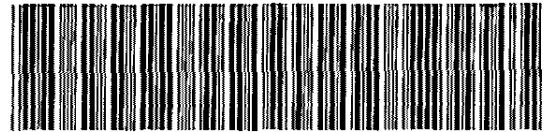
(Business Entity Name)

(Document Number)

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DIVISION OF INFORMATION

04 MAY 28 PM 9:48

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

4568

TRANSMITTAL LETTER

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

SUBJECT: Tallahassee Sigma Educational Fund, 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: Tallahassee Sigma Educational Fund, INC
Name (Printed or typed)

P.O. Box 180755
Address

Tallahassee, FL 32318
City, State & Zip

850-264-2288 or 850-321-3230
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:

Tallahassee Sigma Educational Fund, INC

ARTICLE II PRINCIPAL OFFICE

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

Tallahassee, FL P.O. Box 180755 Tallahassee, FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide scholarships to high school and undergraduate college students.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed as according to bylaws

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Torian Richardson P.O. Box 180806 Tallahassee, FL 32318

Harris Wilsher P.O. Box 180755 Tallahassee, FL 32318

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Torian Richardson 2626 E. Park Ave 5302

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Torian Richardson 2626 E. Park Ave 5302

Tallahassee, FL 32301

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.

Torian A. Richardson

Signature/Registered Agent

May 27, 2004
Date

Torian A. Richardson

Signature/Incorporator

May 27, 2004
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 MAY 28 PM 1:56