

NO4000009920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

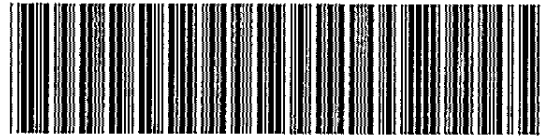
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04 OCT 20 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 OCT 20 PM 3:34

DEPT. OF REVENUE
DIVISION OF CORPORATE & STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Sigma Lambda Beta
(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: Tedman Greaves^{II}
Name (Printed or typed)

18415 Bellevue Way #209
Address

Tallahassee FL 32304
City, State & Zip

(850) 443-4772
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:

Sigma Lambda Beta International

ARTICLE II PRINCIPAL OFFICE

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

24400 University Center
Tallahassee FL 32306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fraternity

Cultural Awareness Activities Community Service

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Member Elect Eboard
Through Nominations

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Vernon Cabalda (VP) Tedman Greaves II (VP)

Karl Persaud (VP) Oscar Benivides Raphael Hernandez (VP)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vernon Cabalda
750 White Dr. Apt. 111
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tedman Greaves II
1845 Bellevue Way
Tallahassee FL 32304

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

10/20/04
Date


Signature/Incorporator

10/20/04
Date

FILED
OCT 20 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA