

NO6000009104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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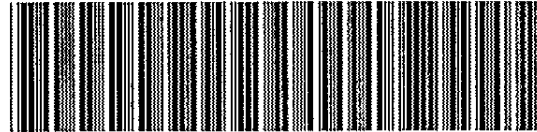
(Business Entity Name)

(Document Number)

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

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2006 AUG 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton AUG 28 2006

**COVER LETTER**

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

SUBJECT: THE Alumni Association of Central FL, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: James Balaschak  
Name (Printed or typed)

600 Long Lake Dr  
Address

Oviedo FL 32765  
City, State & Zip

407 359 1008  
Daytime Telephone number

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

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## ARTICLES OF INCORPORATION

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

2006 AUG 28 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

**TKE Alumni Association of Central Florida, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**600 Long Lake Dr, Oviedo, FL 32765**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To continue relations of alumni of Tau Kappa Epsilon among themselves and with undergraduate members.**

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

**The offices of President, Vice-President, Secretary, and Treasurer shall be elected by the voting members at the Annual General Meeting. A voting member in good standing is eligible to be elected.**

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

**James G. Balaschak, 600 Long Lake Dr, Oviedo, FL 32765**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**James G. Balaschak, 600 Long Lake Dr, Oviedo, FL 32765**

\*\*\*\*\*

*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

  
Signature/Incorporator

  
Date