

**N07000011811**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Alpha Alpha Psi, 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:** Stefanie Fremin

Name (Printed or typed)

150 Bent Arrow Drive Unit 47

Address

Destin, FL 32541

City, State & Zip

850-337-4620

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:

Alpha Alpha Psi, Inc.,

**ARTICLE II PRINCIPAL OFFICE**

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

411 Overstreet Drive, Destin, FL 32541

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Service Sorority. A Chapter of Beta Sigma Phi International.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

By Laws

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

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

Stefanie Fremin-President  
Marcia Bourne-Vice President  
Trisha Patterson-Secretary  
Shari Gross-Treasurer

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

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

Stefanie Fremin, 150 Bent Arrow Drive, Unit 47, Destin, FL 32541

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Stefanie Fremin, 150 Bent Arrow Drive, Unit 47, Destin, FL 32541

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\*\*\*\*\*  
*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.*

Stefanie Fremin  
Signature/Registered Agent

12/4/07  
Date

Stefanie Fremin  
Signature/Incorporator

12/4/07  
Date