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## COVER LETTER

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

**SUBJECT: NAPLES SIGMA CHI ALUMNI CHAPTER**  
(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: WILLIAM A. ROBINSON

Name (Printed or typed)

PMB 206 PO BOX 413005

Address

NAPLES FLORIDA 34101-3005

City, State & Zip

239-293-5239

Phone number

WARMCO@SIGMACHI.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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** **NAPLES SIGMA CHI ALUMNI CHAPTER INC**  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
788 PARK SHORE DRIVE  
F-21  
NAPLES FLORIDA 34103

Mailing address, if different is:  
PMB 206 PO BOX 413005  
NAPLES FLORIDA 34101-3005

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
FRATERNITY ALUMNI CHAPTER

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:  
ANNUALLY BY CLOSED BALLOT

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

Name and Title: DAVID FISHER - PRESIDENT  
Address: PMB 206 PO BOX 413005  
NAPLES FLORIDA 34101-3005

Name and Title: DICK LOREE VICE-PRES.  
Address: PMB 206 PO BOX 413005  
NAPLES FLORIDA 34101-3005

Name and Title: WILLIAM A. ROBINSON SECRETARY  
Address: PMB 206 PO BOX 413005  
NAPLES FLORIDA 34101-3005

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

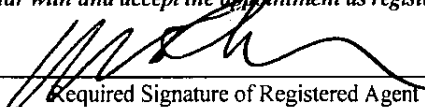
Name: WILLIAM A ROBINSON  
Address: 788 PARK SHORE DRIVE F-21  
NAPLES FLORIDA 34103

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: WILLIAM A ROBINSON  
Address: 788 PARK SHORE DRIVE F-21  
NAPLES FLORIDA 34103

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

  
Required Signature of Registered Agent

10/1/10  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
Required Signature of Incorporator

10/1/10  
Date

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