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	Requestor's Name)				
	Address)				
(,	Address)				
(1	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(1	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

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

SUBJECT: Sigma Phi Epsilon Fraternity Inc Florida Alpha 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED
, FROM	Danielle Ball		
FROM:		nted or typed)	_
	Ad	ldress	_
	City, St	ate & Zip	
	3523753676		
	5 Fratern DeRtime Tele	ephone number	_
	info@fratmgmt.d	com./	

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

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 15, 2011

DANIELLE BALL PO BOX 13117 GAINESVILLE, FL 32604

SUBJECT: SIGMA PHI EPSILON INC FLORIDA ALPHA CHAPTER

Ref. Number: W11000014767

We have received your document for SIGMA PHI EPSILON INC FLORIDA ALPHA CHAPTER and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 911A00006272

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ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

The name of the	NAME Sigma Phi Epsilon For corporation shall be:	raternity inc Florida <i>F</i>	Alpha Chapter			
ARTICLE II	PRINCIPAL OFFICE			10.1100		
	Principal <u>street</u> address 5 Fraternity Row	PO Ro	Mailing address, 0x 13117			
	Gainesville, FL 32603		wille, FL 32604			
				<u></u>		
ARTICLE III	PURPOSE					
	which the corporation is organized is: social, housing, and food services for	the benefits of its m	embers			
·	-					
ARTICLE IV	MANNER OF ELECTION The manner	in which the directors are ele	ected and appointed:	:		
Members no	ominate and vote for officers					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT					
	Title: Paul Ben King - President	Name and Title:				
Address:	5 Fraternity Row Gainesville, FL 32603					
	-					
Name and	Title: Andrew Kostantindis - Treasurer	Name and Title:				
Address:	5 Fraternity Row Gainesville, FL 32603	Address:				
	Gainesville, FL 32603					—
Name and	Title:	Name and Title:				
Address:						_
						_
ARTICLE VI	REGISTERED AGENT			153		
	orida street address (P.O. Box NOT acceptable)	of the registered agent is:			Mer	
Name: Address:	Danielle Ball PO Box 19117 - \$108 SW 50	Λ.//				
Address.	Gainesville, FL 32604 32608	_B*C		•	7-53 177	
•		_		.,	فثنت	
ARTICLE VII	INCORPORATOR			i	7	•
	Idress of the Incorporator is:				i.	
Name:	Lisa Kenna			🕶		
Address:	PO Box 13117					
	Gainesville, FL 32604					
	ned as registered agent to accept service of pro amiliar with and accept the appointment as regis			place design	iated in i	this
	11 7 20		······································			
_ tar	ville 1 J-all		3/9/11		_	
₩	Required Signature of Registered Agent		C	Date		
	ument and affirm that the facts stated herein are		false information s	ubmitted in	a docum	ent
w ine Departmen	t of State constitutes a third degree felony as pro	viuea jor in s.81/.155, F.S.				
N. Hipa	W.J Konna		3/9/11			
/ V	Required Signature of Incorporate	or		Date		