

N12000011485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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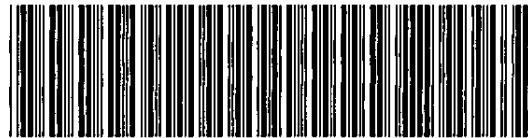
(Business Entity Name)

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TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: ORDER OF AHERA, CHAPTER No. 401, 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: BRUCE KRAGENBRINK
Name (Printed or typed)

6300 N. WICKHAM RD.
Address

MELBOURNE FL 32940
City, State & Zip

321-631-7120
Daytime Telephone number

kragen1@bellsouth.net
E-mail address: (to be used for future annual report notification)

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: ORDER OF AHEPA, CHAPTER No. 401, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6300 N. WICKHAM RD
MELBOURNE FL 32940

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to promote Hellenism, Education, Philanthropy, Civic Responsibility, and Family and Individual Excellence.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By vote of membership present at annual Election Meeting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James N. Papageorge / P.R.S. ent
Address: 1078 Continental Ave
Melbourne FL 32940

Name and Title: Dr. Sabatino A. Patrizio / U.P.
Address: 3604 Travis Place
Titusville FL 32780

Name and Title: Edward M. Powers / Secretary
Address: 1390 Mayflower Ave
Melbourne FL 32140

Name and Title: _____
Address: _____

Name and Title: Bruce H. Kragenbrink / Treasurer
Address: 1827 Laurel Oak Dr. S.
Rockledge FL 32955

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: Bruce H. Kragenbrink
Address: 1827 Laurel Oak Dr. S.
Rockledge FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edward M. Powers
Address: 1390 Mayflower Ave.
Melbourne FL 32940

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

Bruce H. Kragenbrink
Required Signature of Registered Agent

05 Dec 12
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.

Edward M. Powers
Required Signature of Incorporator

5 Dec 12
Date

FILED
DEC 10 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL 32399