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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Dr. G. Cero AUTHORIZATION CORRECT 4+ DATE 5/7/ DOC. EXAM	Filing Officer: 4 Cloyd 8Y PHONE TO 1 Cles TH	JANE A II

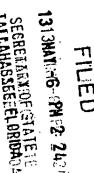
Office Use Only



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COVER LETTER

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

SUBJECT: PI Delta Sigma Chapter/Phi Beta Sigma Fraternity, Inc. of Mid-Florida

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75
Filing Fee
Filing Fee & Certificate of Status

\$78.75
Filing Fee
Certificate of Status

\$78.75
Filing Fee
Filing Fee
Certified Copy
& Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dr. G. Leroy Lloyd III

Name (Printed or typed)

7202 Jonquil Drive

Address

Orlando, FL 32818

City, State & Zip

(786) 402-7831

Daytime Telephone number

lelloyd1914@Yahoo:cor

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 The name of the	NAME PI Delta Sigma C	hapter/Phi B	eta Sigma Fraternity, Inc of Mid-	Florida
ARTICLE II	PRINCIPAL OFFICE			- s = ===
3294	Principal <u>street</u> address: 46 Woodbine Road	10	Mailing address, if different is: 5 Reel Court	ECRETI
Lee	esburg, FL 34748	Sa	anford, FL 32773-5822	SSEE FL
) N 12 22
ARTICLE III The purpose fo	PURPOSE r which the corporation is organized is:	promote p	rograms of education, soci	ial action,
	nd better business to enha			
Sigma C	hapter's Mid-Florida area	of operat	ion. To work with young	boys to
foster the	e desire to complete high s	school and	l obtain a college educat	tion.
			The state of the s	
			· · · · · · · · · · · · · · · · · · ·	
ADMICI E III	MANNER OF ELECTION The ma		Directors/ Of	ficers shall
be elected	bi-annually by a simple majority			
				_
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title	Leroy E. Lloyd, President	Name and Title	Lynwood De Brew,Treasurer	
Address	3407 Southwinds Cove Way		271 Teak Place	
	Leesburg, FL 34748		Lake Mary, FL 32746	
	lelloyd1914@yahoo.com			
Name and Title	Reggie Williams,VP	Name and Title	Tony Hardy, Chaplain/	Ь
Address	603 Skyridge Road	Address:	32946 Woodbine Road	
Address	Clermont, FL 34711	Address.	Leesburg, FL 34748	
Name and Title	Samuel Peterson, Secretary	Name and Title	G. Leroy Lloyd, Parliamentarian	15
Address	105 Reel Court		7202 Jonquil Drive	
. 1001000	Sanford, FL 32773-5822		Orlando, FL 32818-5808	
	1			

Orlando Name and Title: Elvis Hu Address 10845 V	vers Blvd. #205 , FL 32807	Address:	Mike Hardy 4943 Royce D Mt. Dora, FL 3 Camaron Gra 620 South Gra Clermont, FL 3241	32757 ham (D) and Hwy.
The name and Florida street Name: Address: Address: ARTICLE VII INCORP The name and address of the Name: Address: Address: To provide the provid	. Leroy Lloyd III Jonquil Drive do, FL 32818-580	08	stered agent is:	FILED FILED 13 MI -6 PM 2: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA
certificate, am familie with	and ancept the appointment a quired Supranurè of Registered ffirm that the facts stated here	Agent Agent in are true. I am as provided for in	t and agree to act in this aware that any false informations, in the second se	April 29, 2013 Date Sometimes of the place designated in this capacity April 29, 2013 Date April 29, 2013 Date