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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-42030

COVER LETTER

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

SUBJECT: Kappa Psi Pharmaceutical Fraternity, Inc UF Jacksonville 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

*Already paid.
This is the fixed copies.*

FROM: Johnathan Jernigan
Name (Printed or typed)

321 Porter Dr
Address

Lynn Haven, FL 32444
City, State & Zip

(850)866-2024
Daytime Telephone number

Lostinak@ufl.edu
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: Kappa Psi Pharmaceutical Fraternity, Inc UF Jacksonville Chapter

ARTICLE II PRINCIPAL OFFICE

Principal street address:
580 W 8th St

Jacksonville, Fl

32209

Mailing address, if different is:
321 Porter Dr

Lynn Haven, Fl

32444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fraternal Organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Anonymous voting.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marsel Gjoka Regent
Address: 12864 Longview Dr East
Jacksonville, Fl
32223

Name and Title: Jeana Pearce Secretary
Address: 6794 E Smoothbore Ave
Glen St. Mary, Fl
32040

Name and Title: Cameron Thomas Vice Regent
Address: 6507 Our Way
Maccleddy, Fl
32063

Name and Title: Johnathan Jernigan Treasurer
Address: 321 Porter Dr
Lynn Haven, Fl
32444

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Johnathan Jernigan

Address: 321 Porter Dr

Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

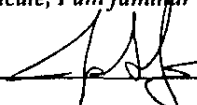
The name and address of the Incorporator is:

Name: Johnathan Jernigan

Address: 321 Porter Dr

Lynn Haven, FL 32444

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

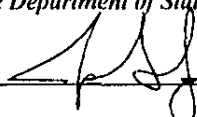


Required Signature of Registered Agent

07/21/2014

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

07/21/2014

Date

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

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Address: 321 Porter Dr
Lynn Haven, Fl
32444

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY
TALLAHASSEE CHAPTER

14 JUL 23 AM 11:56

FILED

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

ARTICLE VI REGISTERED AGENT

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

Name:

Johnathan Jernigan

Address:

321 Porter Dr

Lynn Haven, FL 32444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Johnathan Jernigan

Address:

321 Porter Dr

Lynn Haven, FL 32444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

06/30/2014

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

06/30/2014

Date