N14000018119

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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W14-42030

COVER LETTER -

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

SUBJECT: Kappa Ps	i Pharmaceutical F	raternity, Inc UF Jac	ksonville Chapte
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
<i>,</i>			
P 1 1 1 1 1 1		' 1 - CI	1 1 C
Enclosed is an original an	d one (1) copy of the Art	icles of incorporation and	a cneck for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
.	Certificate of	& Certified Copy	Certified Copy
Already pair	Status		& Certificate
71 1303 () 1001	<u>-</u>	ADDITIONAL CO	NOV DECLUDED
This is the fo	ixed copies.	ADDITIONAL CO	PY KEQUIKED

FROM: Johnathan Jernigan

Name (Printed or typed)

321 Porter Dr

Address

Lynn Haven, FI 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	II PRINCIPAL OFFICE	
11(11022)	Principal street address:	Mailing address, if different is:
58	BO W 8th St	321 Porter Dr
Ja	acksonville, FI	Lynn Haven, Fl
3	2209	32444
ARTICLE	III PURPOSE	
he purpose	for which the corporation is organized is:	aternal Organization.
		
		Anonymous vo
ARTICLE	IV MANNER OF ELECTION The ma	nner in which the directors are elected and appointed:
ARTICLE	IV MANNER OF ELECTION The mai	nner in which the directors are elected and appointed:
ARTICLE	V INITIAL OFFICERS AND/OR DIR	
ARTICLE	V INITIAL OFFICERS AND/OR DIR	
ARTICLE Name and T	itle: Marsel Gjoka Regent	Cameron Thomas Vice Regent
ARTICLE Name and T	itle: Marsel Gjoka Regent	Name and Title: Cameron Thomas Vice Regent
ARTICLE Name and T	v INITIAL OFFICERS AND/OR DIR Title: Marsel Gjoka Regent 12864 Longview Dr East	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way
ARTICLE Name and T	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way Macclenny, Fl 32063
ARTICLE Name and T Address Name and T	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, FI 32223	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way Macclenny, Fl 32063 Name and Title: Johnathan Jernigan Treasurer
ARTICLE ARTICLE Name and T Address Name and T	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223 Sitle: Jeana Pearce Secretary	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way Macclenny, Fl 32063 Name and Title: Johnathan Jernigan Treasurer
ARTICLE Name and T Address	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223 Jeana Pearce Secretary 6794 E Smoothbore Ave	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way Macclenny, Fl 32063 Name and Title: Johnathan Jernigan Treasurer Address: 321 Porter Dr
ARTICLE Name and T Address Name and T	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, FI 32223 Jeana Pearce Secretary 6794 E Smoothbore Ave Glen St. Mary, FI 32040	Name and Title: Cameron Thomas Vice Regent Address: 6507 Our Way Macclenny, Fl 32063 Name and Title: Johnathan Jernigan Treasurer Address: 321 Porter Dr Lynn Haven, Fl
ARTICLE Name and T Address Name and T	Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, FI 32223 Jeana Pearce Secretary 6794 E Smoothbore Ave Glen St. Mary, FI 32040	Name and Title: Cameron Thomas Vice Regent 6507 Our Way Macclenny, Fl 32063 Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Name and Title: Name and Title:

Name and Title:		Name and Title:	
Address	# 1	Address:	
-			·····
Name and Title:_		Name and Title:	
Address		Address:	
_			
••••			
ARTICLE VI			
	REGISTERED AGENT orida street address (P.O. Box NOT acc	eptable) of the registered agent i	3:
Name:	Johnathan Jernigan		
Address:	321 Porter Dr		
	Lynn Haven, Fl 32444		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Johnathan Jernigan		
Address:	321 Porter Dr		
	Lynn Haven, Fl 32444	<u> </u>	
Having been non	and as manipulated against to account commission	s of process for the above state	d corporation at the place designated in this
	med as registered agent to accept service amiliar with and accept the appointment		
1			07/21/2014
	Required Signature of Registere	d Agent	Date
	ment and affirm that the facts stated her t of State constitutes a third degree felony		ny false information submitted in a document S.S.
$\mathcal{A}_{\mathcal{A}}$			07/21/2014
	Required Signature of Inco	rporator	Date

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

ARTICLE	II PRINCIPAL OFFICE				
<u>58</u>	Principal <u>street</u> address: 0 W 8th St	32	Mailing address, if different is: 1 Porter Dr		
Ja	cksonville, Fl	<u>L</u>	nn Haven, Fl		
32	2209	32	2444		
ARTICLE . The purpose	for which the corporation is organized is:	aternal Or	ganization.		
			<u> </u>		
ARTICLE I			e directors are elected and appointed: Anony	mous	voting
ARTICLE	V INITIAL OFFICERS AND/OR DIR	RECTORS	Cameron Thomas Vice Regent	mous 14	voting
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DII tle:Marsel Gjoka Regent	RECTORS Name and Title	Cameron Thomas Vice Regent	mous 14 JUL	voting
ARTICLE	v INITIAL OFFICERS AND/OR DII tle: Marsel Gjoka Regent 12864 Longview Dr East	RECTORS	Cameron Thomas Vice Regenting	14 JUL 23	voting
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DII tle: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl	RECTORS Name and Title	Cameron Thomas Vice Regenting 6507 Our Way Macclenny, Fl	mous 14 JUL 23 AH I	voting
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DII tle: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223	RECTORS Name and Title Address:	Cameron Thomas Vice Regented 6507 Our Way Macclenny, FI 32063	14 JUL 23 AH II: 56	voting
ARTICLE Name and Ti Address Name and Ti	v INITIAL OFFICERS AND/OR DID tile: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223 tile: Jeana Pearce Secretary	RECTORS Name and Title Address: Name and Title	Cameron Thomas Vice Regents 6507 Our Way Macclenny, Fl 32063 Johnathan Jernigan Treasurer,	14 JUL 23 AH II:	voting
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DID tle: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223 tle: Jeana Pearce Secretary 6794 E Smoothbore Ave	RECTORS Name and Title Address: Name and Title	Cameron Thomas Vice Regents 6507 Our Way Macclenny, Fl 32063 Johnathan Jernigan Treasurer 321 Porter Dr	14 JUL 23 AH II:	voting
ARTICLE Name and Ti Address Name and Ti	v INITIAL OFFICERS AND/OR DID tile: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, Fl 32223 tile: Jeana Pearce Secretary	RECTORS Name and Title Address: Name and Title	Cameron Thomas Vice Regents 6507 Our Way Macclenny, Fl 32063 Johnathan Jernigan Treasurer,	14 JUL 23 AH II:	voting
ARTICLE Name and Ti Address Name and Ti Address	v INITIAL OFFICERS AND/OR DID tile: Marsel Gjoka Regent 12864 Longview Dr East Jacksonville, FI 32223 tile: Jeana Pearce Secretary 6794 E Smoothbore Ave Glen St. Mary, FI	RECTORS Name and Title Address: Name and Title Address:	Cameron Thomas Vice Regents 6507 Our Way Macclenny, Fl 32063 Johnathan Jernigan Treasurer 321 Porter Dr Lynn Haven, Fl	14 JUL 23 AH II:	voting

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, FI 32444

FILZ3 AHII: 56

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