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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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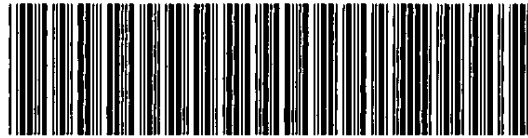
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Delta Sigma Theta Sorority, Inc. Glades Alumnae 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

FROM: Lucille B. Fletcher

Name (Printed or typed)

849 S.E. 1st Street

Address

Belle Glade, Florida 33430

City, State & Zip

home 561-992-5775 cell 561-346-9734

Daytime Telephone number

Bryantfletcher@aol.com

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: Delta Sigma Theta Sorority Inc. Glades Alumnae Chapter

ARTICLE II PRINCIPAL OFFICE

Principal street address:

849 S.E. 1st Street

Belle Glade, Florida 33430

Mailing address, if different is:

P.O. Box 413

Belle Glade, Florida 33430-8503

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all lawful business for the Glades Alumnae Chapter

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: 100% of Chapters vot

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dorothy T. Rhodes Name and Title: President

Address: 732 South West 14th Street
Belle Glade, Florida 33430

Address: _____

Name and Title: Nancy Smith Name and Title: 1st Vice President

Address: 700 South West 10th Street
Belle Glade, Florida 33430

Address: _____

Name and Title: Duana Daniels Name and Title: 2nd Vice President

Address: 133 North East 1st Street
Belle Glade, Florida 33430

Address: _____

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Name and Title: LaShawn R. Moore
Address: 613 South West 3rd Street
Belle Glade, Florida 33430

Name and Title: Recording Secretary
Address: _____

Name and Title: Lucille B. Fletcher
Address: 849 South East 1st Street
Belle Glade, Florida 33430

Name and Title: Treasurer
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lucille B. Fletcher
Address: 849 South East 1st Street
Belle Glade, Florida 33430

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mary L. Rainey
Address: 590 S.W. 1st Street
South Bay, Florida 33493

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 17, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Lucille B. Fletcher
Required Signature of Registered Agent

July 17, 2015
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.

Mary L. Rainey
Required Signature of Incorporator

July 17, 2015
Date