

N15000009734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700277537667

09/30/15--01003--026 **87.50

15 SEP 30 PM 1:38

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/6

ch

COVER LETTER

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

SUBJECT: Delta Omicron Iota
(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: Rita Robinson
Name (Printed or typed)

900 Broward Rd #61

Address

Jacksonville, Florida 32218

City, State & Zip

904.482.3787

Daytime Telephone number

dt.rita25@yahoo.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 Omicron Iota Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

900 Broward Rd #61

Jacksonville, Florida 32218

Mailing address, if different is:

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 30 PM 1:38

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Ladies of Delta Omicron Iota,(DOI) are women from around the globe, committed
in the service and education of people from diverse backgrounds through sisterhood, leadership, and guidance. As positive role models we promote unity
of all cultures, focus on the empowerment of our gender and raise the standards of excellence in our social, and personal endeavors.
We envision a world without oppression, where empowered women celebrate the essence of womanhood and act as resources in the advancement of
their communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority Vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rita Robinson - President</u>	Name and Title:	<u>Keevy Jones - Vice President</u>
Address	<u>900 Broward rd #61</u> <u>Jacksonville, Florida 32218</u>	Address:	<u>94111 A Sycamore Dr</u> <u>Ft. Drum NY 13603</u>
Name and Title:	<u>Aleandra Marshall - Secretary</u>	Name and Title:	<u>Valerie Green - Treasurer</u>
Address	<u>5966 Thomas rd</u> <u>Ft. Belvoir, Va 22060</u>	Address:	<u>7351 Hawks Cliff Dr W.</u> <u>Jacksonville, Fl 32222</u>
Name and Title:	<u>Jennifer Smith - Director of Membership</u>	Name and Title:	<u>Christine Kanae-Davis Budget & Finan</u>
Address	<u>2429 Cherry Tree Ln</u> <u>Jonesboro, Ga 30238</u>	Address:	<u>1510 Majestic View Ln</u> <u>Fleming Island, Florida 32003</u>

Name and Title: Rhona Moore - National Chapters Director

Address: 2345 Eutaw Pl #3
Baltimore, MD 21217

Name and Title: Carsetta Clarke - Historian

Address: P.O box 66193
Mobile, Ala 36660

Name and Title: Lesa Beach - Nurse Practitioner

Address: P.O. Box 71563
Albany, Ga 31708

Name and Title: Anne Huffman - Advisor

Address: 1403 Valencia Ave
Haines City, Fl 33844

ARTICLE VI REGISTERED AGENT

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

Name: Rita Robinson - (Delta Omicron Iota)

Address: 900 Broward Rd #61
Jacksonville, Fl 32218

ARTICLE VII INCORPORATOR

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

Name: Rita Robinson - (Delta Omicron Iota)

Address: 900 Broward Rd #61
Jacksonville, Fl 32218

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Required Signature of Registered Agent

9/21/2015

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.

Required Signature of Incorporator

9/24/2015

Date