

N16000003228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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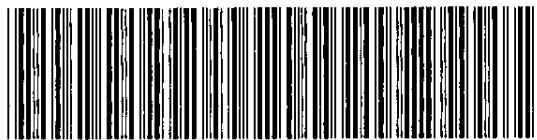
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
16 MAR 29 AM 10:52
TO ADOPTIVE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
16 MAR 29 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ZETA PHI BETA SORORITY, INC. - ALPHA UPSILON ZETA 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: UKAMAKA AMY DIKE

Name (Printed or typed)

5720 FOX BRIDGE WAY

Address

TALLAHASSEE, FL 32317

City, State & Zip

(850) 385-3589

Daytime Telephone number

ALPHAUPSILONZETA@GMAIL.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: ZETA PHI BETA SORORITY, INC ALPHA UPSILON ZETA

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5720 FOX BRIDGE WAY

TALLAHASSEE, FL 32317

Mailing address, if different is:
POST OFFICE BOX 10668

TALLAHASSEE, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WE, AN ORGANIZED NON PROFIT COMMUNITY CONCIOUS
ACTION ORIENTED SORORITY BIND OURSELVES TOGETHER FOR THE PURPOSES OF PROMOTING THE CAUSE OF
EDUCATION BY ENCOURAGING THE HIGHEST STANDARDS OF SCHOLARSHIP, SERVICE TO THE COMMUNITY,
SISTERLY LOVE, AND FINER WOMANHOOD.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: SEE BY LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: UKAMAKA AMY DIKE (PRESIDENT)

Address: P. O. BOX 10668
TALLAHASSEE, FL 32302

Name and Title: LOTTIE MULDROW (VICE PRES.)

Address: P. O. BOX 10668
TALLAHASSEE, FL 32302

Name and Title: BARBARA RHODES (TREASURER)

Address: P. O. BOX 10668
TALLAHASSEE, FL 32302

Name and Title: TASHIRA SMITH (SECRETARY)

Address: P. O. BOX 10668
TALLAHASSEE, FL 32302

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 29 AM 11:00

FILED

APPROVED AND

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: UKAMAKA AMY DIKE
Address: 5720 FOX BRIDGE WAY
TALLAHASSEE, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 29 AM 11:00

APPROVED
AND
FILED

ARTICLE VII INCORPORATOR

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

Name: UKAMAKA AMY DIKE
Address: 5720 FOX BRIDGE WAY
TALLAHASSEE, FL 32317

ARTICLE VIII EFFECTIVE DATE: 3/29/2016

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

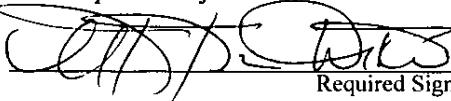


Required Signature of Registered Agent

3/29/2016

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

3/29/2016

Date