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# **COVER LETTER**

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

SUBJECT:	The Alumni	Association	of Delta	Tetarton Char	ter of Phi Sign	a Kanna	Inc
SUDJECI.	THE MILLITH	MSSUCIALIUII	oi Della	Tetarion Char	DEFOLENLAIVI	ia Nanna	. inc

## (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED
FROM:	Josh Frie.	(Printed or typed)	<u>.</u>

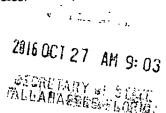
Address Beach Fl 32174 Ormond City, State & Zip 235 -1923 Daytime Telephone number josh Fries 123 @ gmail, com

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)



AR	TI	CLE	I	NA	ME

The name of the corporation shall be: The Alumni Association of Delta Tetarton Chapter of Phi Sigma Kappa, Inc.

•	
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
3435 W. State Rd. 40	<del></del>
Ormond Beach FL 32174	
	· ————————————————————————————————————
ARTICLE III PURPOSE	
	the purpose of this Association is foster continued fellowship by service, charitable acts, social events and promotion of our
cardinal principles.	
· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV MANNER OF ELECTION The manner consist of nine Directors. The President, Vice-President	r in which the directors are elected and appointed:The Board shall nt, Secretary and Treasurer shall be elected among the directors. The
Directors shall be elected at the Annual Meeting of the	Association. The person receiving the highest number of votes ident, the Secretary and the Treasurer shall be elected for one year.
The person receiving the highest number of votes for e	each office shall be declared elected. Three Directors shall be elected
	Officers shall continue to serve until their successors shall have been

Name and Title:	President Josh Fries	Name and Title:	
Address _	3435 W. State Rd. 40	Address:	
-	Ormond Beach FL 32174		•
No. of the second			
Name and Title:	Vice President Michael Tamayo	Name and Title:	
Address _	6145 Dogwood way	Address:	
-	Naples FL 34116		- 12.7%
Name and Title.	•	No 4 mate.	
Address _	5450 SE Pine Ave	Address:	
-	Stuart, FL 34997		
-			
Name and Title		Name and Title	
ramo una Tido.		Name and Thic.	
Address _		Address:	
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Name and Water		N. Lawre	
Name and Title;		Name and Title:	
Address		Address:	
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-			
		. '	

<u>ARTICLE VI</u> <u>REGISTERED AGENT</u>
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:	Josh Fries	, ,				
Address:	. 3435 W. State Rd. 40					
	Ormond Beach FL 32174	_		T. 19		
<u>ARTICLE VI</u> The name an	I INCORPORATOR d address of the Incorporator is:			2016 OCT		
Name:	Josh Fries			27		
Address:	3435 W. State Rd. 40	····		AH 9: 04		
	Ormond Beach FL 32174					
Effective date (If an effectiv after the filin Note: If the d	II EFFECTIVE DATE:  a, if other than the date of filing:  be date is listed, the date must be sig.)  late inserted in this block does not make the date on the Department of S	neet the applicable statutory f				
Having been t certificate, I d	named as registered agent to accep um familiar with and accept the app	t service of process for the a pointment as registered agen	bove stated corporation a at and agree to act in this	t the place designated in th capacity	Ė	
	Jalan	<u>.</u> .		9/29/16		
Required Signature of Registered Agent				Date		
	document and affirm that the facts the Department of State constitutes					
	10/			9/29//6		
Required Signature of Incorporator			<del></del>	Date		