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Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	

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T. SCOTT



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SECRETARY OF STATE TALLAHASSEE, FLOSIOA

COVER LETTER

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

SUBJECT:	Gamma Rho Chapter, Inc.	
	(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: Jones Org B.

Name (Printed or typed)

16911 S.W. 108th Avenue

Address

Miami, Florida 33/57

City, State & Zip

305 - 235-5666

Daytime Telephone number

USer/69/10 ao 1. Com
E-mail address: (to be used for future annual reno

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)

The name of the corporation shall be: Camma Rho	hapter, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal <u>street</u> address: 169/1 S.W. 108 th Avenue	Mailing address, if different is:
Miami, Florida 33157	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To OK	high school graduates by
awarding scholarships to further	
and protessional fields; and	
local and national charities a	nd to promote programs
designated for improving the	well-being of developmentally
disabled Citizens.	·
-	rl + (
	h the directors are elected and appointed: £/ec/ec/
annually by the members.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Thomas Shirley-President Name	and Title: Lee, Muriel - Director
Address 17045 S.W. 1014 Court Addres	ss: 10321 S.W. 145" Street
Miami, F1 33157	Miami, F1 33176
	
Name and Titles Johnson, Dorthy - Tregsurgame	and Title:
Address 19340 S.W. 117 Avenue Address	ss:
Miami, FL 33177	ECHETAR)
Name and Title: Thompson Lula Secretaryame:	ASSE 26
LION CINIATA A. S.	ALLAHASSEE FLOPIO
Miami, Fl 33176	
$\mu_{\Pi}(\mu)\mu_{\mu}$, $\tau_{\Gamma} = 0.517\Psi$	

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.Q. Bo	ox NOT acceptable) of the registered agent is:
Name: Jones, Or	<u>g</u>
Address: 169/1 S. W. / Miami, Florid	08 <u>Avenue</u> a 33/57
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Miami, Flatic	rles <u>Y#Street</u> Ste 202 F da 33156
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must h	. (OPTIONAL) se specific and cannot be more than five days prior or 90 days after the filing.)
	of meet the applicable statutory filing requirements, this date will not be listed as the
certificate, I am familiar with and accept the a	ecept service of process for the above stated corporation at the place designated in the population of the process for the above stated corporation at the place designated in the province of the place designated in the process of the place designated in the place design
Required Signature	by Registered Agent Date
to the Denartment of State constitutes a third d	Son ES ts stated herein are true. I am aware that any false information submitted in a document egree felony as provided for in s.817.155, F.S. 7/17/18
Charlow Required Signa Charles L	ture of Incorporator Date