

N19000010140

Florida Department of State
Division of Corporations
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((H19000284190 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
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C RI

SEP 20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
THE EOZ FOUNDATION OF LXA FRATERNITY INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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THE ORIGINAL
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September 23, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: THE EOZ HOUSE OF LXA FRATERNITY INC.
REF: W19000085804

***PLEASE PROVIDE THE
ORIGINAL SUBMISSION
DATE OF 9/20/19***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is N34482.

You submitted a fax filing for an LLC, however, the articles you have attached are for a CORPORATION not an LLC.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon FAX Aud. #: H19000283031
Regulatory Specialist II Supervisor Letter Number: 219A00019627
New Filing Section

Taylor Seay

From: faxfinder@capitol-services.com
Sent: Friday, September 20, 2019 4:02 PM
To: Taylor Seay
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6381
Attachments: fax_outbound_850-617-6381_20190920_150154_00002743-0000.pdf

Create Time: 09/20/2019 02:59:50 PM
Schedule Time: 09/20/2019 03:01:54 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Taylor Seay
Sender email: tseay@capitol-services.com
Sender phone: 855-498-5500
Sender fax: 800-432-3622
Sender org: Capitol Services, Inc.
Subject:
Max tries: 5
Try interval: 600
Priority: 3
Pages: 4
Recipient fax: 850-617-6381
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
Receipt: always
Print receipt: never
Print receipt printer:
Print receipt first page: false
Fax Page Size: auto



FAX TRANSMITT

To:**Date:** 09/23/2019 03:58:21 PM

Central Time

Company: FL SOS: ATTN MATTHEW MOON

Attn:

Fax No: 850-617-6381

Number of pages transmitted

From:

including cover page: 6

Name: Taylor Seay

Email: tseay@capitol-services.com

Fax No: 800-432-3622

Voice No: 855-498-5500

Subject:

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: THE EOZ FOUNDATION OF LXA FRATERNITY INC.**ARTICLE II PRINCIPAL OFFICE**

Principal address:

1279 W Palmetto Park Rd., Ste. 272762Boca Raton, FL 33486

Mailing address, if different is:

P.O. Box 272762Boca Raton, FL 33427**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized exclusively for, and will be operated exclusively for, charitable and educational purposes relating directly or indirectly to or for the benefit of the Epsilon Omega Zeta Chapter of The Lambda Chi Alpha Fraternity and its members, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: is provided in the bylaws of the corporation.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Freddy Stebbins, DirectorAddress: 1279 W Palmetto Park Rd., Ste. 272762
Boca Raton, FL 33486Name and Title: Hunter Michalski, DirectorAddress: 1279 W Palmetto Park Rd., Ste. 272762
Boca Raton, FL 33486Name and Title: Matt Lull, DirectorAddress: 1279 W Palmetto Park Rd., Ste. 272762
Boca Raton, FL 33486

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:Name: Capitol Corporate Services, Inc.Address: 515 East Park Avenue 2nd Fl
Tallahassee FL 32301**ARTICLE VII INCORPORATOR**The ~~name and address~~ of the incorporator is:Name: Christopher D. Olive, Esq.Address: 1445 Ross Ave., Ste. 3800
Dallas, TX 75202**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 days prior or 90 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*Kim TadlockKim Tadlock, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.9/20/2019

Required Signature of Registered Agent

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.817.135, F.S.*Christopher D. Olive

Required Signature of Incorporator

9/20/2019

Date