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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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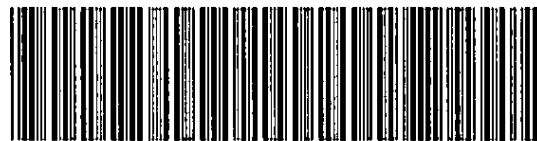
(Business Entity Name)

(Document Number)

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2021 APR 20 PM 12:15
SECKE, DAVID
TALLAHASSEE, FLORIDA

APR 24 2021

T. SCOTT

COVER LETTER

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

SUBJECT: KAPPA EPSILON PSI MILITARY SORORITY INC. - JACKSONVILLE CHI 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: MARCELLE FORD

Name (Printed or typed)

P.O. BOX 440356

Address

JACKSONVILLE FL 32222

City, State & Zip

(910) 709-1418

Daytime Telephone number

CHISEC@MILITARYSORORITY.COM

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION OF

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

ARTICLE I NAME

The name of the corporation shall be: KAPPA EPSILON PSI MILITARY SORORITY, INC. - JACKSONVILLE CHI CHAPTER

ARTICLE II PRINCIPAL OFFICE

Principal street address:

10030 Logan Falls Ct

Jacksonville, FL 32222

Mailing address, if different is:

P. O Box 440356

Jacksonville, FL 32222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For pleasure, recreation, and other
nonprofitable purposes, including but not limited to a club for women who are serving or have served
in the United States Armed Forces, honoring and uniting female military veterans and mentoring
future leaders.

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

As stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title TWANYA D. MCGRUDER, PRESIDENT Name and Title LACLONDRIA ROYSTER, VICE PRESIDENT

Address P.O. Box 440356 Address P.O. Box 440356
JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32222

Name and Title MARCELLE D. FORD, SECRETARY Name and Title ADRIANA SANBRIA, TREASURER

P. O. Box 440356 Address P.O. Box 440356
JACKSONVILLE, FL 32222 JACKSONVILLE, FL 32222

ARTICLE VI

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article Third hereof. No substantial part of

the activities of the corporation shall be carrying for propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provisions of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE VII DISSOLUTION

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes with the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE VIII REGISTER AGENT

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

Name: TWANYA D. MCGRUDER

ADDRESS: 10030 LOGAN FALLS CT

ARTICLE IX INCORPORATOR

The name and address of the Incorporator is:

Name: MARCELLE D. FORD

Address P. O. Box 440356

JACKSONVILLE, FL 32222

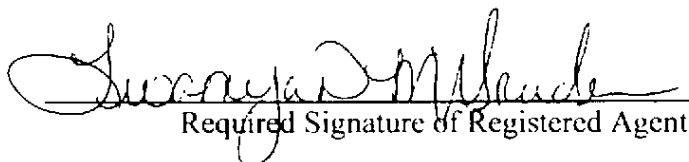
ARTICLE X EFFECTIVE DATE:

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 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

4/15/2021
Date

I submit this documentation 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.

Marcelle D. Ford

4/15/2021