

N23000011392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

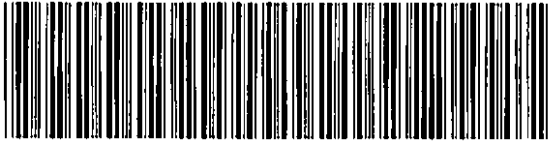
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: The Zeta Alpha Chapter, Zeta Beta Tau, 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: Robert Augustin
Name (Printed or typed)

1329 Spring St NW
Address

Atlanta GA 30309
City, State & Zip

864-561-0284
Daytime Telephone number

rbert.augustin99@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: The Zeta Alpha Chapter, Beta Tau

ARTICLE II PRINCIPAL OFFICE

Principal street address: 6322 Champlain Terrace
Davie, FL 33331
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a local fraternity chapter
to fulfill the mission of the Zeta Beta
Tau fraternity

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert August, President Name and Title: _____
Address: 1501 Spring St NW Address: _____
Atlanta, GA 30309

Name and Title: Zachary Marks, Secretary Name and Title: _____
Address: 6322 Champlain Terrace Address: _____
Davie FL 33331

Name and Title: Gavin Tedder Asst. Secretary Name and Title: _____
Address: 131 S River Rd Address: _____
Stuart, FL 34996

2023
5:33

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: Zachary Mark
Address: 6322 Champlain Terrace
Davie, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert Augustin
Address: 301 Spring St NW
Atlanta GA 30309

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.)

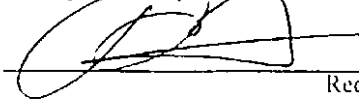
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Zachary Mark on _____
Required Signature of Registered Agent

9/21/2023
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

9/21/2023
Date